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# Physico-Clinical Medicine

A QUARTERLY JOURNAL DEVOTED TO THE STUDY  
OF THE ELECTRONIC REACTIONS OF ABRAMS  
AND THE VISCERAL REFLEXES OF ABRAMS  
IN THE DIAGNOSIS, TREATMENT AND  
PATHOLOGY OF DISEASE

Vol. 6

MARCH, 1922

No. 3

FOUNDED AND EDITED BY  
ALBERT ABRAMS, A. M., M. D., LL. D., F. R. M. S.

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# WORKS by ALBERT ABRAMS

A. M., LL. D., M. D., (University of Heidelberg), F. R. M. S.

One-time Professor of Pathology and Director of the Medical Clinic, Cooper Medical College (Medical Dept. Leland Stanford Jr., University).

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# PHYSICO-CLINICAL CO.

2151 SACRAMENTO ST.

SAN FRANCISCO, CAL.

# Physico-Clinical Medicine

Vol. 6

MARCH, 1922

No. 3

All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "SPONDYLOThERAPY" and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" constitute the archetype of this Journal and "S," in parenthesis, followed by a number, refers to the page in the former and "N. C." to the latter work where extended consideration of the subject cited will be found. "J," refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusivism is excluded inasmuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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## Chirometaseosis

**T**HIS term of new coinage (G. cheir, hand, meta, over and seio, shake or vibration) suggests the transference of vibrations by the hand.

Radium confers radioactivity on other substances, and a familiar example of transference is noted in magnetic induction by which magnetism is transferred to magnetizable substances.

Psychometry is a so-called occult power possessed by certain individuals of divining, by physical contact with objects of diagnosing disease, or determining the charac-

ter of an individual by handling an object which has been in the possession of the latter.

There is also an occult power of inspecting the hand (Chiromancy), and then there is the chirographist who tells fortunes by examination of the hand.

Such methods are repugnant to science.

More dignity is attached to Graphology—the study of character by the handwriting. It is contended that this tracing of his nature which an individual makes when writing, has the advantage of permanency and unlike facial or other bodily gestures, although, equally expressive, are transitory.

The astute physician does not ignore writing disturbances in diagnosis. The paretic writes as he speaks—leaving out words and syllables.

The haste of the maniac is noted in his writing like in his speech. In paralysis agitans and multiple sclerosis, there are analogous characteristics in writing and in speech.

The study of finger prints (Dactyloscopy) shows that no two are exactly alike and they remain unchanged during life. Each whirl, arch and loop has a special significance. They differ in the sexes and the races, and in addition to their present use for personal identification, they await a master mind for their value in the interpretation of disease.

We approach the subject, however, in a strictly scientific manner that admits of absolutely no doubt in the correctness of the findings however incredible it may appear to the non-initiated. It will be apposite to state the premises upon which my conclusions are formulated.

Proposition I. That in writing, the energy passes from the finger tips to the paper and it is there fixed like a mordant with the graphite of the pencil or the ink from the pen. Any mark is equally significant. Typewriting shows no energy transference. It is a matter of no moment whether the mark or writing is made with the left hand.

**Proposition II**—From this transferred energy, it is possible to elicit reactions showing sex, approximate age and racial characteristics. That the energy of disease is equally transferred, and it can be identified with the same certainty as an examination of the blood.

**Proposition III**—That the energy reaction does not deteriorate with age. On the contrary, the older the writing, the greater is the potentiality of the reaction. Thus the age of a signature or writing may be approximately determined—a fact, like the foregoing, of great importance in forensic medicine.

Many of the observations were made with my new apparatus, "oscillophone," which reduces the personal equation to a minimum.

**Technique**—Those who are not in possession of my diagnostic apparatus may employ the electronic reactions in the usual way. The only exaction is to depolarize the writing before examination by passing over it the emanations of a horseshoe magnet.

The fact that age does not vitiate the reactions appears contrary to reason, but theory has no sway when confronted by a fact.

Hypotheses are so common in science that one can employ them either to prove or disprove the same contention.

Let us select the most available hypothesis. The dissolution of ancient systems and the evolution of new ones out of their ruins is in accord with the modern conception of physics.

Radium is an evolutionary product of uranium over a long period of time; yet the radioactivity of uranium is millions of times feebler than that of radium.

There are many intermediate changes between the initial energy transferred to the paper by the handwriting. The change of uranium into radium is not direct, but through an intermediate substance, ionium, which steadily produces radium after a lapse of time.

That the potentiality of energy (approximate) increases with age is instanced in the following table:

Date of Writing*	Date of Examination (October 31, 1921)	Ohmage
May 18, 1921.....		7/25
June 6, 1921.....		13/25
June 9, 1921.....		15/25
May 7, 1917.....		3 9/25
September 5, 1916.....		4 9/25
June 30, 1915.....		4 14/25
June 4, 1914.....		4 20/25
August 24, 1914.....		4 21/25
June 6, 1911.....		5 7/25
August 6, 1911.....		5 8/25

#### AUTOGRAPHIC EXAMINATIONS †

Autograph	Date of Writing	Ohmage	Remarks
Dr. Samuel Johnson	Feb. 7, 1775	48	Reaction acquired syphilis (cerebro-spinal strain) and tuberculosis
Edgar A. Poe	Dec. 30, 1846	31	Cong. syphilis (cerebro-spinal) and reaction of dipsomania
H. W. Longfellow	May 14, 1855	10	Cong. syphilis
Oscar Wilde	No date		Male reaction 18/25 Female reaction 1 16/25 Acquired Syphilis (cerebro-spinal)
Samuel Pepys	July 5, 1693	60 10/25	Congenital syphilis (cerebro-spinal)
Bret Harte	No date		Jewish on father's side Cong. syphilis (cerebro-spinal)

The frequency of congenital syphilis among literarians is fully in accord with my previous observations, which show that original capacity is identified with the development of a definite brain center, which, in a state of irritation, either attracts the syphilotoxins, or the latter are primarily present and maintain in erethismic condition.

Scientific Psychometry—The word “occult” is only

\* Use two rheostats, admitting energy of one at 49 (rate of human energy) and measuring with the other rheostat. Ascertain reaction over sex area (on abdomen or in suprascapular regions).

† The editor expresses his gratitude to Dr. John Robertson, formerly Professor of Mental Diseases, University of California, who placed the autographic copies at his disposal. These examinations were made at the time Dr. Robertson was present. The oscillophone was used.

acceptable in the sense that we are ignorant of a phenomenon. Take any object in the possession of an individual and note that, by aid of the same reactions, one can do all that is done with handwriting. Place the hand in contact with any object and condense the energy in a condenser, and note that, from the emanations of such energy, you may make reactions like the foregoing. The artist transfers his personality (energy) to his paintings, and his identity may be equally established after a lapse of years.

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## Antagonism of Nature

---

**W**E ARE all familiar with the lifting game in which four persons, after breathing deeply in unison, can easily lift a fifth person with their finger tips. The lifters agree that the lifted person appears to have lost weight. Dr. Hereward Carrington tried the experiment on the platform of a sensitive scale. At the outset, the combined weight of the experimenters was 712 pounds. After the breathing, and during the time the person was lifted, the weight decreased 52 pounds on the first trial, and on subsequent lifts, 60 pounds.

The natural query is, Can breathing exercises overcome gravity.

Nature is in constant opposition. The earth, a huge magnet, has positive and negative poles, one force antagonizing the other. A battery likewise has two poles with antagonistic energies. The human machine is equally endowed with opposing forces. There is one force which contracts and another which dilates bloodvessels, and so with other structures of the organism. When these forces are equal, the caliber of the structures is maintained, but if one force is in the ascendancy either contraction or dilatation ensues. In our ignorance, we refer such anomalies to nerves, always forgetting that they are only the media by which a particular energy is conducted.

After witnessing the "lifting experiment," the writer

sought to determine the effects on the stomach. He has shown that if the energy emanating from the finger tips approximates the seventh cervical spinous process, the stomach contracts; but, after breathing like in the "lifting game," the same finger tips will dilate the stomach.

From this experiment, a new apparatus has been devised, "rheostatic dynamizer,"\* which enables one to accentuate the electronic reactions. Connected with the dynamizer, with lever at O, reactions of the usual intensity are elicited. Placing the lever at button, marked S V, we oppose the force which keeps the bloodvessels in the S V reactions from dilating to their maximum. At button for the E D and P D reactions, we oppose the energy to contraction on which the E D and P D are dependent. The reactions are thus very much intensified.

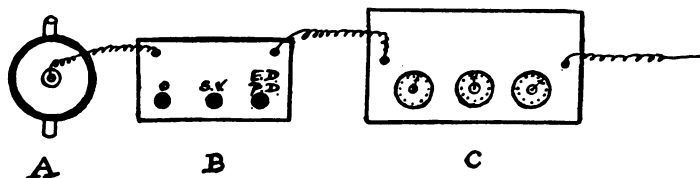


Fig. 5. Connections when using the rheostatic dynamizer. A. Dynamizer; B. Rheostatic Dynamizer; C. Rheostat.

## Hematograms

**B**EARING on a foregoing editorial, there is another interesting fact concerning radioactive emanations. Our current conception of matter is something that is appreciable to sense perception, whereas, as a matter of fact, the imponderable is equally concrete as is the former, for both are naught else but electrons with bound ether. There are many chemicals, although alike in chemical composition, which show, nevertheless, variations in physical properties. This is known to the chemist as allotropism. In a word, identity in chemistry is identified with the arrangement of the electrons in a molecule. That this identity is not abrogated in radioactive

\* Obtainable from the Physico-Clinical Co. Price, \$17.50.



emanations is instanced by the ideographs shown in a previous number of this Journal (March, 1920). Nothing can be less material than a specific thought; yet the latter is reproducible graphically and may be demonstrated by anyone.

We repeat that the character of any vibration is determined by the arrangement of the electrons (allotropism), and all the ninety-two elemental atoms are thus differentiated.

Graphs can be elicited from practically all matter, inasmuch as all matter is radioactive.

My investigations on this subject are far from complete, and this is only a preliminary publication.

Specific graphs serve to identify matter in a manner not unlike that by which we distinguish one form from another, or gold in its appearance from that of silver. Such differentiation is naturally crude, for "All that glitters is not gold." Many months have been devoted to this study, and we shall describe the technique in the next number of this Journal.

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## Vaccination

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IN THIS Journal (June, 1921), my investigations on vaccine virus demonstrated, among other components, the reaction of bovine Syphilis. My friend, Dr. H. Becker, Toronto, Canada, incited me to investigate the subject. Since then he has forwarded me "History and Pathology of Vaccination," by E. M. Crookshank, Professor of Comparative Pathology, King's College, London, published in 1889.

He refers to Turenne, who was the first to point out that cowpox is analogous to syphilis, and the earliest opponents of vaccination regarded the disease as *luca bovilla*. He observes that, "It is the course which the malady runs which brings it so closely into relation with syphilis; and I find that in horsepox, the parallel is still

closer, inasmuch as horsepox is transmitted by coition." Creighton (*Cowpox and Vaccinal Syphilis*) has shown how closely inoculated syphilis runs parallel with the natural cowpox; so much so that he has a tendency to regard all cases of vaccinal syphilis as truly vaccinal, being reversions to the original type of the disease in cows. If one studies the effects of artificially inoculated syphilis on the human subject, the appearances are strikingly similar to inoculated horsepox.

He maintains that the profession has been misled by Jenner and others. Vaccine lymph is supposed to be the virus of cowpox, and vaccination as inoculation with the virus of a benign disease of the cow.

On the contrary, the viruses in use have been derived from several distinct and severe diseases in different animals.

The pictorial representation of cow and horsepox in Crookshank's book recall the frightful phagadenic syphilitic ulcers which the writer saw, as a medical student, in Germany and France.

Nothing more gruesome was ever shown in a "Museum of Horrors" than the illustrations of Crookshank.

Yet, the writer believes in the efficacy of vaccination, provided the precautions suggested by him are observed.

The anti-vaccinationists would find in the illustrations of Crookshank the most forceful weapons at their disposal to offset the claims for vaccination.

It is, indeed, strange that the critical inquiry of Crookshank should have been ignored by the profession.

Tenison Deane, M. D., of San Francisco, published in 1913, "*The Crime of Vaccination*." For 125 years the human race (quoting Deane) has inoculated itself and babes in arms with syphilis. No attempt has been made to eradicate it from the system. He asks the investigator to heed the following:

1. Why will a person who has syphilis (uncured) not contract smallpox?

2. Why will a person who had syphilis not "take" when vaccinated?

3. Why will a person, recently vaccinated, not contract the initial lesion of syphilis?

4. Why, if one-half of the children of a family be vaccinated, will only the vaccinated ones contract diphtheria?

5. Why will the Wassermann prove positive in recently vaccinated persons without a syphilitic history?

See interrogatory.

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### SINCLAIRIAN ALTRUISM

There was published in this Journal (December, 1921) an excerpt from "The Book of Life," by Upton Sinclair, the famous novelist and publicist, bearing on "Electronic Medicine." The visit of Mr. Sinclair to the "Abrams Laboratory" was unsolicited and he was enjoined by the writer that, if any reference was made to his work, no mention should be made of treatment of disease and to say furthermore, that Dr. Abrams was no longer concerned with medical practice and that his entire time was devoted to medical research. Mr. Sinclair was evidently convinced "that medical science though true was dreadfully deficient." Various cults had arisen and thrived on the inefficiency of medical practice. It was only a natural reaction. There are no cults in mathematics, physics or chemistry. Mr. Sinclair's object, as is always his object, was to benefit humanity and, in this respect, he has the active collaboration of Mrs. Sinclair. Mr. Sinclair viewed with alarm not only the inefficiency of medical practice, but also saw the dangers lurking in its misapplication. His universal knowledge and his unbiased attitude fitted him to act as an arbiter. He saw with dismay the therapeutic delirium of the present day. How tonsils, appendixes, teeth and other structures were abstracted with neither rhyme nor reason. He had read what A. R. Fraser, medical inspector for the Union Government of South Africa, had said: "The syphilologist is being strangled by the tyranny of the Wassermann reaction." He realized the dangers ensuing from injudicious medication in syphilis and that the remedies were worse than the disease. He knew that Hektoen, eminent pathologist, at a meeting of the "Chicago Medical Society" emphasized the dangers from the use of radium and X-rays in the treatment of disease. Despite the antagonism which he knew he would encounter from the medical profession, he is relentlessly at his own expense without possible

hope of reward as we understand reward, endeavoring to substitute organization for chaos. Motion is the law of progress, and "If the stars did not move they would rot in the sky." Esteem from your medical confreres is engendered by not saying what you think and not doing what you want to. Like the true investigator he eschewed his personal observations by soliciting the aid of others whom he regarded as more competent than himself. The following questionnaire was forwarded by him relative to the electronic tests and treatment:

1. How long have you used the Abrams' blood tests?
2. Have you found them generally practical?
3. How many diagnoses have been verified by operation, or other generally recognized tests?
4. What percentage of correct diagnoses do they give?
5. How long have you used the oscilloclast?
6. How many cases of cancer have you treated?
7. How many which have been diagnosed by other physicians, or by laboratory tests?
8. How many have been completely cured?
9. How many have been greatly improved?
10. What percentage promise to be permanent?
11. How many cases of tuberculosis?
12. How many which have been diagnosed by other physicians, or by bacteriological examination?
13. How many have been completely cured?
14. How many have been greatly improved?
15. What percentage promise to be permanent?
16. How many cases of syphilis?
17. How many which have been diagnosed by other physicians, or by the Wassermann test?
18. How many have been completely cured?
19. How many have been greatly improved?
20. What percentage promise to be permanent?
21. What is the total number of serious cases of all diseases which you have treated?
22. What percentage do you consider cured?
23. Have you kept a case record?
24. Will you submit it to a competent committee of investigation?

**Remarks:**

The writer does not know how many replies were received nor to what use Mr. Sinclair proposes to make of them. The Editor has come into receipt of a few replies which are herewith reported:

Bradford, Penn.,  
Nov. 9, 1921.

Upton Sinclair,  
Pasadena, Calif.

My Dear Sir:

1. Since June, 1917.
2. Positively so.
3. In a great number the Abrams' tests were confirmed.
4. Practically 100 per cent.
5. Over two years.
6. I keep no close records but I have treated a good number.
7. Very few because of the unreliability of other tests.
8. Many of my first and second years' experience. The patients remain under observation at least six months after removal of the reactions of the disease.
9. Is answered under Question 8.
10. Too soon to calculate the percentage.
11. No record but have treated quite a few successfully.
12. A great many.
13. All answered in Question 11.
14. Two.
15. Too soon to know that.
16. No record.
17. The Wassermann often. Clinical evidence often.
18. A great number.
19. None remain uncured.
20. Too soon to know that.
21. I have made over three thousand personal tests and many were also made for me by Dr. Abrams.
22. Previously answered.
23. No, except that I have the report sheets with memorandum in thousands of cases which would make tabulation out of the question, as I am too busy with the work and the teaching of physicians the Abrams' methods and the making of blood tests for many physicians.
24. If these were sincere and honest physicians they could look at the report sheets.

Very truly yours,

J. W. KING, M. D.

Miss Helen Nelson, Sec'y.

**Answers to Questionnaire Sent Out by Upton Sinclair Relative  
to the Electronic Tests and Treatments of Abrams**

1. One year.
2. Yes.
3. One case went to operation. Diagnosis confirmed. During the year, Nov. 1, 1920, to Nov. 1, 1921, I sent blood from

93 cases for the diagnosis by Abrams' electronic test. In the case of 71 specimens no history was sent. No information was given other than the name of the patient and the doctor. The clinical diagnosis in 90 per cent of the cases tallied with the diagnosis by the E.R.A. The clinical diagnosis in every case depended on history (family and personal), a careful physical examination, in some cases laboratory tests, or radiography, and on the results of treatment.

4. Over 90 per cent as judged by the above methods of making a clinical diagnosis. (See 3.)
5. Eight months.
6. Eight cases by the methods of Abrams—use of the oscilloclast, spinal concussion, and the use of eosin or congo red as a dye. Three cases are now under treatment.
7. Only two of the above were diagnosed by me as probably cancerous. Seventeen cases in all were diagnosed by the E.R.A. as cancer. Two of these were diagnosed by other physicians as cancer, but neither were treated by me with oscilloclast. One was operated upon. The other died.
8. All of the eight cases which have completed treatment seem to be cured. Six now give a negative E.R.A. The other two gave a much reduced ohmage when blood was last tested and I believe both of them would now give a negative E.R.A. for cancer. All the patients have gained in weight, a tumor has disappeared in the breast of one, an ugly-looking cervix in the case of two has cleared up, burning pain complained of by some of the patients is gone, and the haemoglobin and red cell count has increased.
9. Too soon after beginning treatment to say anything about the other three.
10. Too soon to say. Treatment for three was completed over five months ago. All these are in splendid health. All three have gained from fifteen to thirty-seven pounds.
11. Twelve cases were diagnosed as T. B. by the E.R.A. Only two were diagnosed positively clinically, and four others were suspected as T. B.
12. One was diagnosed by radiograph and one by bacteriological examination.
13. One, a case of intestinal T. B., was treated until she gave a negative E.R.A. for T. B. That was some six months ago.
14. One pulmonary case, confirmed by bacteriological examination, is still under treatment. She is much improved. The others were not treated.
15. Cases too few and time too short to form any conclusion.
16. Fifty-eight cases were diagnosed as syphilis by the E.R.A., 24 as acquired syphilis and 34 as congenital syphilis. This large percentage of the total number of cases submitted for

examination is due to the fact that I have learned to recognize neurological and other physical symptoms, which lead me to think of syphilis as the underlying condition which favors the engrafting of other diseases. And I have learned to suspect this condition from the family history in many cases. Many of the specimens of blood were sent in to see if my clinical deductions would be confirmed by the E.R.A. Over 75 per cent of the 58 cases of this group were thus clinically diagnosed.

Of the 24 cases diagnosed by the E.R.A. as acquired syphilis 4 were males and 20 were females. (My practice is limited almost exclusively to females.) In 8 cases the history suggested a possible syphilitic infection, 8 cases had abnormal reflexes, 2 were paretics, three showed varying degrees of locomotor ataxia. Only 2 showed secondary lesions. None showed a primary lesion.

Of the 34 cases diagnosed by the E.R.A. as congenital syphilis, a clinical diagnosis of this underlying diathesis was made in 26 cases. The clinical diagnosis was based on abnormal reflexes, the Argyll Robertson pupil, paresis, locomotor ataxia, epilepsy, ocular lesions.

17. None by the Wassermann test; 11 were diagnosed by other physicians.
18. Eleven of those diagnosed as acquired were treated; 5 of these seem to be cured, 5 are greatly improved; 1 did not take enough treatments to show any effect.

Eighteen of the congenital cases were treated—6 with the oscilloclast and spinal concussion, 10 with the oscilloclast combined with other treatment, and two cases were treated by spondylotherapy only. The last two were cured as shown by negative E.R.A.; 4 others were cured as shown by the same test; 11 were improved very much. No blood specimen was sent in for these to determine if there was a negative E.R.A. when treatment was discontinued. One patient, an advanced parietic with pronounced locomotor ataxia, was not helped.

19. See answer to 18.
20. Too soon to say.
21. Don't know. About 30 with the oscilloclast.
22. Too soon to say.
23. Yes, of interesting cases.
24. I think the above gives a summary of the essential data of the cases above referred to. My cases will be reported at a medical meeting next year. A summary of the cases above reported was made at a medical meeting this year and will appear in the transactions.

ELNORA C. FOLKMAR, M. D.,  
Washington, D. C.

The Nation  
20 Vesey Street, New York

December 30, 1921.

Dr. C. H. Kingsbury,  
Danielson, Connecticut.

Dear Sir:

We are very much interested in learning from an authoritative source (Upton Sinclair) about the work of Dr. Albert Abrams of San Francisco. The information which we have about him from a writer whom we know to be trustworthy is so sensational and revolutionary that it can only be considered after the most careful checking up. If what is written about Dr. Abrams is true he is undoubtedly the outstanding figure in the medical world of today, and mankind is entitled to the benefit of his discoveries.

Will you therefore be kind enough to let us have, for our own information, and not subject to quotation without your written permission attained at some future time, any information that you care to give, based on your own personal experiences with Dr. Abrams's methods?

How and when did you become interested in his work? To what extent have you followed his methods? What success have you had with them? Please tell us, specifically, about the oscilloclast, and anything else that you think would be illuminating and enlightening.

Sincerely yours,

ERNEST H. GRUENING,  
Managing Editor.

---

(Reply)

CHAS. H. KINGSBURY, M. D.,  
Danielson, Conn.

December 30, 1921.

I learned of Dr. Abrams's work through a regular medical journal and immediately wrote to him directly, subscribed to his Journal, "Physico-Clinical Medicine," bought his books, "Spondylotherapy" and "New Concepts in Diagnosis and Treatment," and became at once a deeply interested student. This was two years ago.

Early in April, 1920, a woolen weaver in the very last stages of pulmonary and laryngeal tuberculosis, called upon me after having been told that there was no hope for him by three specialists. I told him that I knew of only one method that held out any hope for him, and that was by the use of the oscilloclast, which I immediately telegraphed for and received promptly, and the patient was treated daily with very satisfactory results, having



improved to such an extent as to be able to follow his occupation with no lost time for the past eleven months.

Among others at the present time, I have under treatment by the oscilloclast two cases of pulmonary tuberculosis and two cases of carcinoma of the colon, all of whom are making pleasing progress towards recovery, which I fully expect will result since the nature of these cases was discovered during the curable stage by the Abrams's Methods of Diagnosis.

During November, 1921, I took the course of personal instruction under Dr. J. W. King in the Abrams' Methods of Diagnosis, and I cannot find words with which to adequately express my appreciation of Dr. Abrams' work; I can simply say that I consider that he has made the greatest contribution to science in general and to medical science in particular in all history, and I hope he will live long enough to enjoy the honors that are bound to be accorded to him in time.

---

In a letter to the Editor of "The Nation," Mr. Sinclair emphasizes his persistency as follows:

"I had a couple of hours' spare time yesterday and I made a pilgrimage to three different physicians who are using Dr. Abrams' methods. I found all three of them simply swamped with work. I talked with a patient who had been treated for cancer of the tongue at Dr. Rex Duncan's Radium Institute, which is the very latest thing we have in that line. (My friend, King C. Gillette, put up \$300,000 to endow it.) This man had been given up as hopeless and he was put in the death ward at the County Hospital, but he is now practically well and was able to tell me all about it. Another case was a large cancer of the abdomen, which had been opened and sewed up as inoperable, and is now practically cured. I was told of about twenty cases—and mind you, these are physicians whom I have got to know very well and who have treated at least a dozen cases of friends of mine. There is simply no end to the thing, and there is no possibility of any mistake about it. I mean the miracles go right on happening, and the deeper you go into the matter the more of them you come on. So I have just got to get somebody to take this matter up thoroughly."

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Gold Work

WAYNE HOSPITAL  
Wayne, Nebraska

Nov. 26, 1921.

Kindly permit me to thank you for your letter of several days ago and the valuable information that it contained. I assure you we are indeed glad to get any information in regard to Dr. Abrams' work.

Up to the present time we have treated some forty patients with the oscilloclast, and in each and every one we have had a decided improvement. Perhaps this does not seem remarkable, but to us it seems short of marvelous. I wish to say further that the majority of these cases treated I have considered incurable till we used Dr. Abrams' treatment.

We found by surgical interference that we have made some correct diagnoses, that without the electronic reactions it would have been impossible to obtain.

Yesterday morning we operated on a woman that had been gradually losing weight for some time. She had been to a number of other physicians, who had diagnosed the case as being gall stones. It was my opinion, from clinical and laboratory examinations, that she was suffering from chronic appendicitis. We decided to examine the blood by Dr. Abrams' method, after which we found a strong reaction for Neisserian infection. Upon opening the abdomen we found a large appendix, normal gall-bladder, but both tubes enlarged. We removed both tubes and our pathologist reported Neisserian infection.

To me the whole thing, from beginning to end, seems absolutely impossible, but as you know the old saying is, "Seeing is believing."

Very truly yours,

S. A. LUTGEN, M. D.

**DR. WADE'S REPORT**

Canon City, Colorado,  
February 1, 1922.

Dr. Albert Abrams,  
San Francisco, Calif.

My Dear Dr. Abrams:

My patient, whose blood you examined under Laboratory No. 13833, died before the report reached me.

I did an autopsy and I wish that the entire medical world could have been there to have seen what I found.

First. We found the pylorus almost closed with a carcinoma that extended well down into the duodenum. I also found a carcinoma at the junction of the descending colon and sigmoid flexure.

Second. The right lung was so bound into its cavity that it was with difficulty that we were able to remove it. The apex was filled with tubercular nodules. The entire lung cells were filled with a sero-purulent, foamy substance—no consolidation.

This you see confirms your diagnosis in every detail, even to the exact locations you so kindly made on the drawings you attached to your report.

To my mind this is the most wonderful thing that there is in the world today. To have an opportunity to open up a subject and see with your own eyes the **exact** conditions in the **exact** location you have pictured them, is to me a very wonderful and awe-inspiring thing.

This system of diagnosis is surely destined to come into universal use in the very near future, and at that time our present methods of diagnosis will seem as obsolete as the sickle is today. We that have had an opportunity to receive personal instruction from the man that developed and discovered this system will then begin to appreciate the rare honor was ours to enjoy.

I wish that you would read this letter to the men that were there the day you examined that specimen of blood for me.

Jenner has nothing on you, Dr. Abrams.

Very sincerely,

PITT A. WADE, B. S., M. E., M. D.

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**BLINDNESS DUE TO DIABETES AND SYPHILIS:  
REMARKABLE RESULTS FOLLOWING THE  
ABRAMS ELECTRONIC METHOD**

By BURTON W. SWAYZE, M. D., Allentown, Pa.

There is an old saying, "That the proof of the pudding is in the eating thereof," and the incidents that follow are simple proofs that the Abrams method of diagnosis and treatment is

far superior to the customary and universal methods of diagnosis and suggested treatment as used by the profession. Let him who reads, judge.

Mrs. Bessie L. wrote to the writer in the spring of 1921, asking him if he knew or had a method of treating cataracts of the eyes, he having been referred to her by another physician. In reply we asked for more information than her first letter gave and suggested that the best method was for her to appear for personal examination before an opinion could be given.

Nothing more was heard from her until the early fall when, on our return to the city after a short absence, we found a letter stating that she had been to our offices and, not finding us in, would again return the following week.

Upon her appearance we made a careful body test by the Abrams method of examination, requesting her to not tell us in advance anything about her case, since we preferred to make the test and endeavor to tell her how she complained.

Be it known right here that the Abrams method of electronic diagnosis is a mathematically scientific method which detects not only disease, but the very beginnings of disease, even before the patient is aware of symptoms indicating he or she has disease. Not only that, but that we are able to localize the organs or parts involved or that will become involved, and further, that we can measure the degree or potentiality of disease present.

With this brief explanation, duly made to the patient, we proceeded to examine her by the Abrams method, and we found that she gave the reaction of acquired syphilis affecting the nervous system, digestive system and eyes; that she also had diabetes, showing pronounced eye involvement; that she had also tubercular involvement of the bones.

Her syphilis measured 32 ohms, her diabetes 29 ohms, and her tuberculosis 5 ohms. Completing our examination, we told her her own story and she verified the syphilitic invasion by stating her husband had been responsible for that; that she was aware of her diabetic condition because she had proven this by repeated urine tests, and she suspected she "might have tuberculosis" because of distress in her bones, especially the left femur.

Her chief complaint, however, was that she was losing her sight and that five physicians, among them four who specialized in the eye, had pronounced she had cataracts and suggested operative procedure for her relief. The remarkable thing about their diagnoses was that her cataracts **were in the back of the eyes** and that she would have to have her eyeballs cut open to remove the cataracts.

Examination of her eyes showed no involvement anteriorly, and we sent her to a specialist in eye work for further examination, he reporting "no cataracts anywhere, but a very marked diabetic picture of the retinas." This, in his opinion, caused the

dimness of vision and growing complete blindness. His report also stated there was atrophy of the optic nerve, the inner fibers, and muscular astigmatism.

The patient recited a history of three severe falls, one of which laid her up for three days, she having struck on the back of her head and her left hip. The oculist feared this fall or blow to her head might have caused partial detachment of the retina, but he failed to find any evidence of the same.

Believing in having the intelligent co-operation of our patients, we fully explained the situation to her, and without making any promise whatever regarding restoration of her sight, we told her that we had a method of treatment that would clear her body of the syphilis, diabetes and tuberculosis, and that when that had been accomplished we honestly believed her sight might also improve.

The outcome of the consultation was that she placed herself under our care and on our terms that she should spend at least one month with us, when she could have daily treatments by the Abrams method. She returned home and completed arrangements to be away that long, and on October 2 had her first electronic application.

Following the universal routine of percussing the seventh cervical and second dorsal vertebrae, for their action upon the spleen, we applied the electrode to the spleen and gave her a half-hour's application of the current at the syphilis rate, for we believed in getting after the worst enemy first. As the days passed we shifted to the rates for diabetes and tuberculosis.

Not until the beginning of the third week of her month did we apply the electrode at the sub-occipital region at the diabetic rate, but had alternated between splenic applications and site applications over the eyes.

At the end of two weeks we made a second body test of the patient after a lapse of forty-eight hours since her last treatment, and at this test we found that **all reactions were negative**. We had expected to have found at least a reduced ohmage, but to find that she gave no reaction whatever about took our own breath away; accustomed, as we are daily, to witness the wonderful results of the electronic methods, this was a decided shock and surprise.

We sent her again to the eye man for examination, and his report stated that the granular diabetic condition of the retinas had entirely disappeared and that now there remained but a light pinkish and smooth apparance similar to a mild inflammation or congestion of the parts. The oculist was instantly converted from skepticism of the value of the electronic method, to an enthusiast, and has declared he will submit his own patrons to us for electronic diagnosis hereafter, and treatment when required.

In his surprised state he placed upon the patient test lenses to determine her vision, and she told him she could see across the street and could recognize people and colors, something she had been unable to do for more than a year.

The balance of her time with us was devoted to the sub-occipital applications, with but three splenic sterilizations, and when it came time for her return home we had her eyes fitted with lenses, and with their help her vision has improved over 50 per cent, with every possibility, as the congested condition of the retinas is removed by nature, that on her return to us during the Christmas holidays, when she will be again electronically tested and be refitted with lenses, she will have recovered fully 75 or more per cent of vision.

In her case the four other eye men would have operated upon her eyes for a condition that did not exist, and total blindness would have resulted. As it is, she is a happy woman, with health fully restored and vision nearly complete, and better able to attend to her work by which she earns her living. Absolutely no drugs or medicines were used.

We consider this but one of the many triumphs of the Abrams electronic system and we ask the question, Is there any known method, old or new, that would have accomplished this result in so short a time, except the one we used?

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### ABRIDGED REPORTS

**Rheumatoid Arthritis** (H. G. Nyblett, M. D., Calgary, Canada)—Mrs. M., aet. 40, consulted me for this condition in 1919. Joints swollen and inability to bear weight on them. Condition necessitated crutches. Trouble commenced in 1912, since which time crutches were constantly used. Had continuous treatment in Europe and Canada, with no results and an operation finally advised. Cause of infection unknown. Salicylic ionization, diathermy, etc., were used by myself for two and one-half months without any benefit. In February, 1920, I spent a month with Dr. Abrams, and on my return I sought Mrs. M. and made an electronic reaction which demonstrated acquired syphilis, 29 ohms, bone or joint strain. Treatment for syphilis was commenced with the oscilloclast (local and general) and K1 given internally. After treatment for six weeks, I did not see her again for approximately a year, when she entered my office walking with a stick only, which she cast aside and walked around the office. She reported again about November, 1921, with hardly a limp, and asserted she was now able to dance, and this after nine years of invalidism. Not only was it necessary to treat the infection, but also to have recourse to physical exercises to restore the weakened muscles.

**The Electronic Reactions of Abrams** (Samuel King, A. B., M. D., Warren, Pa.)—Dr. Abrams' work is not a work of theories. He regards the best of theories as but working hypotheses. It has been held by some that his books and writings are dogmatic rather than argumentative. To the physician who lacks a higher education, his diction may at times be a little beyond their grasp. On the other hand, he is so occupied with his research work that he has little time to devote to details.

The routine procedure of observing the tongue, feeling the pulse, a few indirect questions and a shotgun prescription will soon be ancient medicine and an historical curiosity.

The facts stated in this article are true; they have been gleaned from observation and experience, and may be proven by you in your actual practice, if you will but investigate and make use of this work. And this after all, as stated in the beginning, is better than argumentative proofs that fail to prove.

Dr. Abrams has developed and placed in your hands and at your disposal the operation of a marvelous and mighty force of nature—you must do the rest. He has pointed out the way—you must take the step yourself. He has opened the door to the treasure house, but you must walk through it yourself if you would enjoy the benefits thereof.

**From a Country Practice to a Disciple of Abrams** (Dr. Samuel King)—I located in a little town south of Erie, Pa. Although I was a Yale graduate and a graduate from a reputable allopathic medical college, I felt I knew little about helping the sick. I did extensive post-graduate work, qualifying myself as a specialist in eye, nose and throat, and studying different methods applicable for the treatment of chronic diseases.

About three years ago I learned of Dr. Abrams and his revolutionary and wonderful research work. I was intensely interested and immediately ordered his book on "Spondylotherapy" and his Journal, and began to study them. I began to send him blood specimens for his diagnosis and was so impressed by these tests and the correctness of these diagnoses and the results following the suggested line of treatment, that I took a course in the Electronic Reactions of Abrams about two years ago, and since that time have been making these tests for myself and other physicians.

My reading, study and experience along this line of work has convinced me that no man has done so much for scientific diagnoses, and thereby the practice of medicine, as Dr. Abrams. His work is becoming world-wide and is attracting the attention of the professional and enlightened people of every land. It can no more be limited by cults, creeds, pathies or isms than the waters of the ocean or the air we breathe. One by one the members of

the medical profession are taking up the work, and the more they become acquainted with it the more enthusiastic they become.

The ERA (Electronic Reactions of Abrams) reveal the fact that syphilis, either congenital or acquired, is the basic soil or underlying cause of all chronic diseases. Today we are relieving the neurasthenic, the patient with chronic stomach trouble, with chronic diarrhea, chronic skin trouble, high blood pressure, diabetes, etc., etc., and this with a few treatments with concussion with or without the oscilloclast, aided by other means and simple remedies which we have at hand. The ERA will give us the very beginning of disease and long before clinical finding gives the physician or patient the least warning or suspicion of the trouble. One doctor of Washington, D. C., writes me:

"In the case of Mrs. A——, I located carcinoma in the exact place you mentioned. She always had terrible pains in that region—as a matter of fact, in the exact spot you indicated on your chart.

"In the case of Freda W——, I obtained a complete history of malaria on the strength of your findings.

"In the case of Fred K——, He had the very pronounced skin and gland lesions of which you got a strain. I have to say, if I did not know the way you find it, I would call it uncanny.

"I have just returned from a five-weeks' study at the clinics of Abrams, and while there saw cases of insanity, idiocy, arthritis deformans, blindness, etc., all caused by the luetic condition of the patient; and I saw marvelous changes produced in these patients in a few treatments. And the half has not been told of what is in store for the physician who will investigate. The wonderful research work is still going on. The gulf between the visible world and the invisible world has been almost bridged, if not quite, and we are still groping in the mists of the dawn. But Dr. Abrams is going to lead us on to greater and more marvelous developments.

"In the next issue of this Journal I will try to explain the why and wherefore of the ERA and will also describe one or two methods of examining a specimen of blood.

"I have a few reprints of my paper, 'The Electronic Reactions of Abrams and Their Application to Diagnosis,' as read before the convention of the Central Society of Physical Therapeutists, Chicago, October, 1921, and would be pleased to mail a copy to any physician interested in the above subject."

**Diagnosis of Diseases From the Blood** (Burton W. Swayze, M. D., Allentown, Pa., J. A. M. A. S., January, 1922)—"The result of Abrams' investigations have been startling. They have been as the brilliant sun bursting through the darkness of medical customs dating back to the Dark Ages. They have made clear the real reason why physicians, for centuries, have been attaining



but a small percentage of bona fide cures, have consequently left humanity handicapped with ill-health, have crowded our homes and institutions with chronic invalids, rendered a world skeptical of all healing arts, which has put the profession on the defensive.

"Dr. William W. Graves has, possibly, expressed this thought in language understandable when he says: 'Our complacency in medical matters is antagonistic to progress and merits the ridicule not only of the laity but of the physicians themselves. Unless we awaken from our formal acceptance of the dictum of books and dogmas long past their age of usefulness, and step out daily upon a new road of investigation and of new remedial agencies, we shall deserve being left behind with the dregs of our past failures.'

"Many patients have suffered long and physicians have been anathematized because we empirically pronounce the trouble as such and such disease and treated it as empirically, when had we tested the blood content, we would have learned the real, underlying, basic cause that produced the symptoms or disease the patient showed.'

"These are words that every one of us should take to heart. How true they are we each know by recalling the uncured, and therefore unsatisfied patients, we had or have, for, in many instances, these patients have left us and sought help elsewhere and even, largely, among advertised medicines.

"In proof of the statement made by this writer we have just quoted, let us take a patient complaining of digestive disturbances, who has been dosed with the routine of pills and solutions recommended for the symptoms in evidence, when in reality those symptoms were caused by congenital or acquired syphilis. Yet we passed it over as 'indigestion' and treated it accordingly with the usual results. A proper test of the blood by the Abrams method would instantly have told us of the syphilitic invasion and then we would have treated it accordingly and the stomach, released from the tyranny of this enemy, would have recovered its normal function. The writer has seen this test conducted and its findings proved so many times that he knows whereof he speaks."

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## A STUDY OF GLASS RODS AND TUBES FOR USE IN ABRAMS ELECTRONIC DIAGNOSIS

By FREDERICK FINCH STRONG, M. D., Hollywood, Cal.

For detecting areas of dulness by digital percussion, it is necessary to possess a nicety of technique plus a musical ear. Many cannot acquire the former. For them Dr. Albert Abrams has devised a way of outlining areas by using an electrified glass or

rubber rod passed over the skin. When the margin of the dull area is reached, the rod sticks or drags and when removed leaves a definite white line on the skin. With practice anyone may learn to diagnose in this way. The rod sticks, whether charged positively or negatively, but it must be charged. This is paradoxical from an orthodox electrical viewpoint, but the writer believes that Dr. Abrams is dealing with a force not yet recognized in the physical laboratory.

**General Conclusions**—1. The charge acquired by glass varies in strength and polarity according to: a, Composition of the glass; b, shape (i. e., rod or tube or thick or thin walls); c, character of material used to rub the glass.

2. For diagnostic purposes, the best results are obtainable with calcium glass (flint glass: Bohemian glass or chemical glass used for laboratory purposes)—a thin-walled tube,  $\frac{3}{8}$ " diam. and 14" long rubbed with silk or flannel.

[The excellent contribution of Dr. Strong was abridged. The theoretic investigations are not in accord with practical experience. The following data must be emphasized: 1. A solid warm glass rod rubbed with warm white or black silk (colors may vitiate reactions in proximity to subject). (Dr. Strong's suggestion to test electrified rod before application to skin by noting its attractive ability for minute bits of paper is suggestive.) 2. Execute tests in a warm room (68°–70° F.). 3. Warm abdominal skin with cotton which also removes perspiration. 4. Control findings by noting that rod will not stick if subject is in magnetic meridian or if energy is not conducted to him at the proper VR of disease. Do not hesitate in moving rod; let the movement be continuous, however slow. 5. Holdover reactions are frequent and necessitate shortcircuiting subject's head at a point on vertex opposite the ears. For this purpose use a metal strip in such a way that both sides of the median line of the head are touched simultaneously.\*—Editor.]

**Dementia Praecox** (H. W. de Danvill, M. D.)—Male, aet. 21. Pronounced incurable and confined to an insane asylum. Electronic reaction demonstrated acquired syphilis, 38 ohms. No history of infection. Primary site of infection traced to left knee, which shows a scar. Mother refers scar to a wound contracted as a child which refused to heal for months. Dr. Abrams' treatment for syphilis with oscilloclast was begun November 2, 1921. Treatment was irregular and it was not until January 5, 1922, that the blood test for syphilis was negative. The original condition of the young man suggested a high grade of dementia, but at the time of writing, February 2, 1922, he attends to all his ordinary duties and will soon resume his former occupation.

\* A cat's skin gives results in electrifying the rod. The same method for defining the ERA may also be used advantageously for outlining the viscera.

## REVIEWS

**Pylorospasm**—Sir James Barr (The Medical Press, December 21, 1921)—This distinguished physician refers to his Glasgow address on "Preventive Medicine" in 1910, and the "Medicine of the Future" in Montreal in 1911, when he demonstrated that congenital pyloric stenosis was due to an excess of calcium in the stomach walls. Cow's milk contains five or six times as much lime as human. The mother's food should be decalcified and the child's milk diluted and citrated. A teaspoonful of olive oil to the infant will have a more soothing effect on its stomach than a surgical operation. Operations for this affection go merrily on with a mortality of at least 50 per cent. Mothers often relieve spasms and retching in children by turning them prone and slapping them between the shoulders. A much more effective method is to evoke the Albert Abrams' pyloric reflex by tapping the fifth dorsal spine with the middle finger.

The Albert Abrams' pyloric reflex is even of much wider value in adults than in children. I referred to its great value in cases of angina pectoris associated with distension of the stomach in my paper on "Thyroidism," *The Practitioner*, June, 1921. This reflex is widely known in America, to a less extent in France and Italy, but so far as I know I am the only one in this country who systematically carries it out.

Dr. Harley E. MacDonald, of Los Angeles, says "that Abrams' pyloric reflex will revolutionize the practice of gastro-enterology. I have already cured stomach troubles of many years' duration by instructing patients to drink two glasses of warm water three or four hours after eating, then to lie on the right side while a member of the family percusses the fifth dorsal spine."

I have in any number of cases of pyloric spasm with distension of the stomach and retching afforded immediate relief by this manoeuvre. In fact, it never fails except where there is organic stricture.

In some neurasthenic individuals you may relax the pylorus, but the flaccid stomach wall does not contract. In such cases you should afterwards concuss the first three lumbar spines.

A little personal experience often makes a greater impression than any number of observations on others. Some time ago I had a kipper for breakfast which for some reason or other I did not digest, and its presence all day was evident from frequent eructations; the following day it had not all disappeared, but diarrhoea supervened. At the end of thirty-six hours I was determined to get rid of the remains by vomiting. I drank four glasses of hot water and put my finger in my throat, but without effect. I felt very uncomfortable with an overloaded stomach. I then got my wife to concuss my fifth dorsal spine, followed by concussion of the second dorsal; within five minutes the pyloric spasm had

relaxed, the stomach had emptied itself, and I was quite comfortable. Moreover, the diarrhoea ceased, and I was perfectly well the following morning.

I have seen the stomach discharge a barium meal in ten minutes. I have tried to induce some radiologists to adopt this method of hastening the progress of the experiment, but so far as I know they have not done so. It is apparently too simple for a roentgenologist.

Abrams has many other reflexes for the digestive tract, but these would carry us outside our province. He has two for the appendix, which, if frequently carried out, might prove a serious matter for the surgeons. Abrams says an operation is primitive surgery, rendering an operation unnecessary is advanced surgery."

**Orientation in Homeopathy** (Chairman's Address, I. H. A., June, 1921, Benj. C. Woodbury, M. D.)—This world, writes Dr. Albert Abrams, a master magician of medico-scientific phenomena, and all it contains is a mechanism and that the Democritean concept of an atomic universe acknowledges no distinction of man and the world machine.

The electronic reactions of Abrams resemble Hahnemann's method of proving. In fact, Dr. J. W. King, of Bradford, Pa., a student of Dr. Abrams, states that: "From a homeopathic standpoint the reactions will give you a drug-proving. For instance, *Bacillinum* 30th produces a 'reflex' in the specific area where tuberculosis is located in one-third less time than a culture tube reacts." *Rhus Tox.* "reaction is much slower than the 30th attenuation, and so on; all homeopathic remedies can receive an electronic proving, and what is still more interesting is this: That Hahnemann's attenuation of drugs was not a theory, but a verity, proven by the "reactions." (Hom. Recorder, for May, 1921.)

**Normal Diminution of Transparency in the Pulmonary Apices and the Reflex of Abrams.**—H. Lebon. *Bulletins et Memories de la Societe de Radiologie Medicale de France.* Paris, March, 1921. 9:57.

A unilateral apical opacity in the lung picture is of far greater importance from a pathological point of view than slight bilateral obscurity. When a single darkened apex is found, or two apices far from transparent, one naturally hesitates between a physiological shadow and a light pathological clouding. Percussion of the cervical vertebrae may then resolve the doubt.

Abrams says that percussion of the third, fourth, fifth, sixth, seventh and eighth dorsal vertebrae causes the lungs to dilate, that of the fourth and fifth cervical to contract. A faint diminution of transparency in the apical region disappears when these vertebrae are percussed, while hardly any change takes place in the vesicular murmur. The physiological cloudiness is dispersed

by vibratory massage, but pathological obscurity remains unchanged. The transparency lasts about two minutes. Little by little through the radioscope the apex may be seen to regain its somber appearance.

**Reflex Contraction of the Stomach (Reflex of Abrams) Produced by Percussion of the Spinous Process of the Seventh Vertebra**—H. Lebon. *Bulletins et Mémoires de la Société de Radiologie Médicale de France*. Paris, April, 1921. 9:68.

The stomach may be made to contract vigorously by percussing the spinous process of the seventh cervical vertebra. The waves of contraction begin at the upper part of the vertical portion, very near the cardiac orifice; apparently they are deep and not superficial. When these contractions are spontaneous and vigorous, it is possible to watch the stomach through the fluoroscope taking the form described under the name "iris flower stomach." The contractions are short lived, disappearing with more or less rapidity. The rapidity of their disappearance indicates the degree of gastric hypomotricity.

Normally the contractile waves follow one another at intervals of from eighteen to twenty-two seconds and take from fifteen to twenty seconds to pass from the lower part of the great curvature to the pylorus. The great curvature may exhibit at the same time three or four waves in series.

Passage of food through the pylorus is due in large part to functioning of the duodenum and to gastric chemism. Emptying of the pylorus, except in cases of incontinence, is never very rapid. Vertebral percussion causes the chyme to flow abundantly in a few minutes' time into the duodenum. When the pylorus is diseased, in spite of contractions seen through the fluoroscope, no evacuation of the stomach is produced. The viscus collapses and the pylorus becomes more plainly visible. Instead of contractile, its walls become tense. This condition may be due in part to spasm, provided by the accumulation of gastric content in a diseased region. This particular appearance and the absence of duodenal contents are of much greater importance in making a diagnosis than delay in evacuation. Percussion dissipates temporarily more or less completely the delay of gastric hypomotility and that which arises from a duodenal lesion or a modification of chemical action. Pyloric lesion always resists emptying of the stomach and sometimes very energetically.

Percussion of the seventh cervical vertebra must be brisk but brief. Prolonged percussion is followed by arrest of contractions and of passage into the small intestine. The gastric musculature ceases to react to excitation.

**Sympathetic Segmental Disturbances—II** (Henry Winsor, M. D., *The Medical Times*, November, 1921)—In the December, 1921,

number of this journal we referred to the excellent investigations of this writer in the Pennsylvania University and which we believe are the most notable that have yet been made in the neglected field of vertebral physiology. This article should be read in its entirety, and we regret that more space cannot be devoted to it. Here, however, are some significant observations:

"Twenty-two stray cats were anesthetized, some with gas, some by chloroform, some with ether; the abdomen was opened; the vertebral column hyperextended and direct pressure made from behind with the thumbs against the ninth dorsal vertebra. Result: the abdominal aorta ceased to pulsate. The abdominal aorta was now severed. Result: no blood extruded. The vertebral column was now flexed. Result: the aorta spurted blood in jets. Flexion and extension were tried repeatedly with the same results. The abdominal aorta was now clamped; the thorax opened; hyperextension of the vertebral column with direct pressure of the thumbs from behind the second, third and fourth thoracic vertebrae was made. Result: the total excursion (limits of expansion and contraction) of the auricles of the heart was diminished, the auricles weakened and slowed, the effect on the ventricles was less marked. Flexion and removal of pressure from behind permitted the heart to recover, both tried repeatedly with similar result."

Note—The cat has more ribs than man, therefore more thoracic vertebrae. Otherwise the thoracic sympathetic system does not differ greatly from that of man. The head segments are supposed to receive fewer filaments from the inferior cervical ganglia than in man. All cats died painlessly under the anesthetic.

The aorta was not compressed, neither was the heart. In some cats hyperextension of the cervical region, with direct pressure of the thumbs from behind the cervical vertebrae slowed and diminished the excursions of the heart. The vagal and sympathetic cardiac nerves were severed in others, which permitted the failing heart to increase the dimensions and rapidity of its excursions. In still other cats the phrenic nerves were compressed, through the skin, against the fourth cervical vertebra; this weakened and slowed the convulsive action of the diaphragm. Release of pressure allowed the diaphragm to recover the convulsive action it acquired after the thorax and pleurae had been opened, and before the phrenic had been compressed. The phrenic nerves were now laid bare, by dissection, and directly compressed against the fourth cervical vertebra, with a similar result. Pressure on the phrenic nerves relieves singultus (hiccough) clinically. The experiments on the aorta and heart action were believed to indicate that temporary experimental curves of the spine, when combined with pressure from behind the vertebrae at a suitable level, influenced the blood supply of the viscera by irritating the vaso-

motors, through the sympathetic chain, thus causing the blood vessels to contract. Treatment applied to the human spine clinically would probably have a similar result; so would physical exercises.

Children and dogs wishing to sleep, curl themselves up on their sides, thus bending the vertebral column, relaxing the sympathetic system, filling the great vessels, emptying the cerebral vessels; cerebral anemia is known to cause instant sleep. On awakening they reverse the process; to stretch the spine and with it the sympathetic system, induces contraction in the great vessels, fills the cerebral vessels; they then arise and move around again. "All cats" and many persons "like to have the back stroked," providing it is done the proper way.

[With the modesty of the original investigator, he disclaims credit for priority in this field of investigation. In a personal communication, he says, "I consider 'Spondylotherapy the greatest advance in science since the discovery of bacteriology and aseptic surgery.'"]

Bearing on spinal curvature, in relation to the circulation, the writer made a few clinical observations which can be easily demonstrated. By palpation of the dorsalis pedis, or radial artery, it will be noted that, in the sitting posture and leaning far backward, the pulse volume increases and decreases when leaning far forward. The circulatory disturbance in the latter maneuver is due to splanchnic congestion (abdominal dullness).—Editor.]

**New Concepts Gained at Dr. Albert Abrams' Laboratory at San Francisco, Cal.** (Dr. J. W. King, Bradford, Pa.—"The Homeopathic Recorder," January, 1922)—Some reference was made to this article in the last number of the Journal. The article is so replete with original data, that physicians are urged to forward a request to Dr. King for a reprint (not forgetting postage). Dr. King expresses himself as follows:

"Several days ago, the writer examined three medical products which were highly advertised and lauded in the treatment of pneumonia and syphilis. These products were examined by Abrams' Electronic Methods and were found to be absolutely inert in the diseases referred to. The tests were made in the presence of Drs. W. A. Hanor of Corning, N. Y.; Elnora C. Folkmar, Washington, D. C.; M. L. Puffer, Downers Grove, Ill., and V. K. Jindra of Paris, France. The Electronic Reactions would serve to eliminate many worthless medical impositions if these tests were applied to them, and would aid in the selection of an efficient remedy. For instance, several days later other preparations were tested in the presence of the same physicians and a prominent drug man of Pittsburgh, Pa., and these

were found to be potent and curative in the diseases for which the physicians present could commend them."

[The latest fetish is organotherapy, and endocrinomania is rampant demonstrating the supremacy of faith in therapeutics. Practically all the organic extracts show little or no reaction of the original substance from where they were derived. The extracts were, no doubt, rendered innocuous in the process of manufacture.—Editor.]

**The Osteopathic Concept and Notes on the Damaged Heart** (J. A. M. A. A. and N. J. O. S., by Lamar K. Tuttle, M. D., N. Y.)\*—Abrams, of San Francisco, has without doubt contributed much of great value in his studies of the spinal reflexes. His published work, called "Spondylotherapy," is familiar to many of you. His excitation of various visceral and vascular reflexes by spinal percussion are original, chiefly in his methods of exciting them. Still and his followers early discovered that manipulation of certain spinal areas resulted in visceral and vascular reaction, and the excitation of these reflexes to produce certain definite reactions has always been, and is, a part of common osteopathic practice. Abrams cannot bring himself to recognize or admit the occurrence of spinal articular sub-luxation. However, he accepts Goldthwaithe's "discoveries" regarding the sacro iliac articulation. While sacro iliac sub-luxation is no longer inconceivable to our orthopedists, they cannot as yet bring themselves to believe possible sub-luxations of the atlanto-occipital articulation or recognize demonstrable lesions in the spine.

**The Heart**—Percussion of the spine of the seventh cervical vertebra for a period of five minutes, as advocated by Abrams, does relieve palpitation, dyspnoea, pre-cardial pain and orthopnea. It affords relief often when nothing else will. I know from experience both as patient and physician.

While I have been unable, so far, to obtain by this method the degree of improvement in cardiac dilatation claimed by Abrams, I can, with enthusiasm and gratitude, subscribe to and endorse the procedure as one which works for the comfort of the patient, and, if persisted in, works marked beneficial change in cardiac dilatation.

My assistant, Dr. Frances Axman, working with Drs. R. W. Rogers, R. S. Ward, and J. B. Buehler, has, in a series of 118 cases of cardiac dilatation, demonstrated that percussion of the spine of the seventh cervical vertebra does cause at least a temporary decrease in the size of the enlarged heart. The reflex was observed in all cases under the X-ray. This reflex, if due to

\* We regret that we cannot find space to reprint the contribution of Dr. J. V. McManis, in the "Osteopathic Physician" (January, 1922).



stimulation of the vagus, would seem to substantiate the claim that the vagus not only inhibits heart action but contains fibers of tonic contractility.

[The limited duration of this and other reflexes may be accentuated and prolonged by immediate concussion of **second dorsal spine** after the specific spines for definite reflexes are concussed.—Editor.]

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### INTERROGATORY

**Q. Facing West**—A physicist discredited the E R A because there was no reason why the reagent must face the geographical west to elicit the reactions.

**A.** Our earth is a gigantic magnet with magnetic poles. Out of the earth's north magnetic pole there emerges a stream of magnetic flux, which traverses the atmosphere until it attains the south magnetic pole. In 1831, Faraday produced electricity without a cell and without the use of heat. He found that when the lines of force passing through a circuit was changed, an electric current is produced in that circuit (induced current). Any book on physics illustrates the experiment. If a loop of wire is held vertically and north and south, no magnetic lines from the earth pass through it. If, however, the coil is so held as to be in an east and west plane, the earth's lines of force pass through it and we have an induced current.

Physicists do not know but which may be shown by the electronic reactions that the identity of matter is not only a question of vibratory rate but of polarity. That cancer which elicits a positive polarity and a definite reaction, that the latter will be destroyed by a negative or neutral polarity. It has been found, empirically, that the earth's magnetic flux is without influence on the energy polarity, if reactions are elicited when the reagent faces the west.

**Q. Vaccination**—What influence has vaccination in pathology?

**A.** Since the inauguration of the E R A, one may speak apodictically. All doubt is resolvable into fact. All tubes of vaccine virus purchased in the open market show not only the reaction of congenital syphilis, but one may also elicit the reactions of strep. and tuberculosis in the majority of tubes. These extraneous components as I have shown are easily destroyed before inoculation is attempted, for I believe that inoculation is a necessity. Practically every blood reaction shows congenital syphilis (about 25 per cent human inheritance and 75 per cent from vaccine inoculation).

There is no cancer, sarcoma or tuberculosis which does not show, in addition to the specific reaction, the evidence of con-

genital syphilis. Therefore, I assert with monotonous though vital repetition, **No Syphilis, No Disease**. Pathology begins and ends with syphilis. The bizarre and protean manifestations of disease which, in our nosology we classify as different diseases, are only soil reactions plus the site of its localization.

We know nothing of the pathology of Little's Disease (spastic spinal paralysis); yet, the ERA show that from the vertex of the skull in these cases, we elicit a reaction of sarcoma and, as the latter can only thrive on a syphilitic soil, the disease is essentially syphilitic. Similarly, in insanity the invariable lesion is syphilis; the character of the mental anomaly being due essentially to the center implicated.

The endocrinopathies are now occupying the lime light. Yet, in every anomaly manifested by the glands of internal secretion, those glands show the reaction of congenital syphilis.

It is a truism of my clinic that after every abdominal operation (a few years may elapse), a cancer or sarcoma invariably ensues (Post-operative Neoplasms).

Why the latter? Why a predilection for definite structures? We must solicit the aid of two recognized facts: (1) Chemotaxis; (2) Vibration.

**Chemotaxis**—If foreign material is introduced into the peritoneal cavity after a primary repellant action upon the phagocytes (cells having the property of ingesting bacteria), the latter are attracted in large numbers to the site of the foreign substance. Such repelling or attracting influence on the phagocytes is known as negative or positive chemotaxis.

If the skin of any individual is scratched or irritated, the bacteria in the organism are attracted to that part and that part only (this is demonstrable by the ERA) and they remain there until the irritation is subdued.

Substitute for the skin the more vulnerable peritoneum. After the surgeon has torn, bruised, and further damaged the tissues, he assigns the task of repair to outraged Nature, which, in resentment, forms adhesions—a permanent source of irritation. To the irritated area, the syphilotoxins are attracted there to establish a nucleus for tumor formation.

Physiologic hyperactivity is the equivalent of an irritable focus—hence the chemotactic invasion of the ductless glands.

**Vibration**—In the December number, 1921, of this Journal, I suggested the term **histotropism** indicating thereby the reaction of protoplasm to a stimulus whereby certain vibration frequencies of toxins are either attracted or repelled in accordance with a fundamental law in physics that electromagnetic waves have no effect on objects which are incapable of vibrating in reso-

nance with them, and that substances absorb the same frequencies as they naturally emit.

In this respect, I was astounded at the frequency of a **sarcomatous reaction** in chronic backaches, and the fact that I could do nothing for the latter until I cured the sarcoma. The lumbar region in the norm has a vibration frequency of sarcoma (i. e. at O of the rheostat but not at 58), hence the attraction to this site of the particular species of spirochetes, which eventuate in the development of a sarcoma.

What practical conclusion can be formulated respecting the foregoing: (1) Desyphilization of the individual constitutes the only real prophylactic in disease; (2) Desyphilization constitutes the primary step in the treatment of disease; (3) Desyphilization alone will, in many instances, cause the disappearance of disease without any special attention to the latter; (4) Desyphilization is absolutely essential to prevent recurrence.

**Desyphilization**—This is most effectually attained by the concussion treatment without medication of any kind. Although the reaction may disappear from the blood, syphilotoxins may lurk in some "dark corner" (Cryptogenic Syphilis). In such instances, no reaction is elicited at 55 (acquired) or 57 (congenital). If cryptogenic syphilis is present, a reaction is elicited at 45, and by seeking the strain at this number, the site of the "dark corner" is ascertained. In cryptogenic syphilis, we must either persist with the concussion treatment for months, or we must treat the site of the lesion with the oscilloclast.

**Q. Duration of Treatment**—Is there any danger of prolonging oscilloclastic treatment?

**A.** On the contrary, the efficacy of treatment is in direct ratio to its duration. One lessee of the oscilloclast dismisses his patients after a single treatment lasting twelve hours. The principle of the oscilloclast is based on the fact that like vibrations are imposed on vibrations of like character in disease, and thus shatters the electronic structure, which is identified with the disease. A small leak will sink a ship, and our bailing must be continuous. It is like the drop of water which pierces the rock; not by its force, but by its frequency.

The foregoing demands revision.

Doctor J. P. Kanoky and others have noted results in some cancers up to a certain point when, for some unaccountable reason, the growth extends.

Recent experiments show that, if an electrode from oscilloclast at rate six (cancer) is allowed to act on a normal skin area, a reaction from the latter, of cancer can be elicited for

hours, but the reaction may be dissipated at once by passing the emanations from a horseshoe magnet over the area.

If syphilotoxins (congenital and acquired) are first aspirated into the spleen (concussion seventh cervical and fixation of reflex by immediate concussion of second dorsal), no cancer reaction can be elicited by using oscilloclastic current after manner cited.

#### Conclusions

1. One may overtreat a disease, if treatment is continued after disease is arrested.
2. Cancer and sarcoma can only develop on a syphilitic soil. To prevent recurrence, treat with combined rates three and six and use splenic sterilization.
3. When cancer reaction disappears, stop treatment or employ the horseshoe magnet as a preventive measure, or be guided by clinical appearances. Painting with Congo Red solution (cancer) or Safranin solution (sarcoma) are further precautionary measures.

Oscilloclast is of little value in tumors treated by radium or X-rays.

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### ELECTRONIC MEDICINE

**Sex Reactions**—In making sex reactions, we find the following: reversal (homosexuality), both sex reactions (bisexuality) or no sex reaction (neutrals). In bisexuality, we can measure (rheostat) the sex predominance. In some instances, sex reversal may be transitory, in which instance the normal sex polarity is restored at 13, of the rheostat. The most frequent cause of sexual anomalies is congenital syphilis, and the normal sex urge is restored when this is eliminated. Blue thrown on the body destroys the syphilitic reaction, and in most instances it will restore the normal sex reaction.

**Grounding**—This is most essential for good reactions. This may be achieved by wetting the soles of the reagent or patient. My reagent wears slippers with nails passing through the soles.

**Analgesia\***—Using energy from the oscilloclast at button 7 and passing it through an ampliphone, most effective analgesia can be achieved in most instances. Use the same binding post as is used for receiving the energy in making the E'R.A. If prompt effects are desired with the oscilloclast, conduct energy from the latter at the rate desired through the ampliphone in

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\* Employing the same source of irritation at a definite skin area, the potentiality of reaction of pain varies in the non-sensitive (3/25 of an ohm) to 13/25 of an ohm in sensitive individuals.

the same way. The latter is important in inoperable cancer or sarcoma.

**Pyorrhea**—Lessees of the oscilloclast are urged to treat severe cases for dentists, using at the gums the combined rates 2 and 3. In the interim of treatment, paint gums with congo-red dissolved in alcohol.

**Atlas of Electronic Reactions**—Additional pages to date are ready for distribution. The new pages contain the latest reactions (Solarplexus and Splenic). Price, \$6.00.

**Vertebral Reflexes and Syphilis**—Concussion of seventh cervical spinous process causes an aspiration of syphilotoxins into the spleen, whereas concussion of second lumbar causes their extrusion into the circulation. Both reflexes are prolonged by immediate concussion of second dorsal spine. Note that, after the first maneuver, a partial Argyll-Robertson disappears, or a patellar tendon reflex becomes less exaggerated. Note the opposite effects in the second maneuver.

**Tumor Location**—In cancer (digestive strain), a dullness is elicited in left inguinal region. The site of the tumor is indicated by recurrent dullness at different vibratory rates, as follows; stomach, 32; small intestines, 22; colon, 27. At any of these rates using the S V, site of tumor can be located by percussion. Introducing the energy at the specific rate and rubbing the skin of the abdomen vigorously, the site of the tumor is demonstrable by a decided pallor, which conforms with the position and shape of the tumor.

The location of tuberculosis (lung), using P D reaction, is similarly obtained by using the latter maneuver, permitting the energy to enter at the V R (42 or 57) of tuberculosis.

**Menstruation and Disease**—Several patients referred to the fact that their tumors only began to develop after menstruation had ceased. This referred to tumors which gave a reaction for sarcoma. Investigation revealed the fact that menstrual blood destroyed the reaction of sarcoma, but was without effect in carcinoma. It is unnecessary to add, that blood examinations should not be made from blood taken during menstruation.

**Musicotherapy**—Efforts have been made in various directions to employ music in the cure of disease. Disease, like every other phenomenon in nature, is only a question of vibrations. To be effective, sound must be endowed with a tonality equivalent to destructive resonance. Dr. W. H. Dower, Halcyon, Cal., initiated experiments at his sanitarium bearing on this subject, which were confirmed at my laboratory. In brief, C sharp (violin) destroys the electronic reaction of carcinoma, and so

does E (both are in the same harmonic series). A and B flat destroy the reaction of tuberculosis. These observations were confirmed on my oscillophone. Esculapius employed the trumpet to cure sciatica, claiming that its continuous sound palpated the nerve fibers and the pain vanished. Democritus contended that the sounds of a flute properly played could cure diseases.

**Progeny**—When making sex reactions we employ V R, 49, which only permits the passage of human energy. If the female has a child there is a reaction at 45 (V R) on the female side and, if a like reaction at the same V R is elicited on the male side, the male has a child. This observation is only tentative and awaits further confirmation.

**Psychology of Vision**—Perception and apperception are not only questions of wave-length and speed, but of polarity and actual pictorial reproduction. (Vide, editorial on Hematograms.) The editor recently demonstrated to his class by a simple experiment, polarity influence on visualization. Direct an individual facing west to fix the attention on very fine type. Now pass a horseshoe magnet over his head (left side) until a point is reached (visual center) at the junction of a line drawn from the posterior border of the mastoid process and a line drawn from the middle of the left supraorbital ridge. The type will become obscured. What the magnet does, so will the mind. The magnet yields a neutral energy; a negative mental attitude will yield the same energy. Therefore, such a mind is incapable of seeing, if it does not want to see. Hence the difficulty of demonstrating innovations.

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### MISCELLANY

**Dr. Frederick Finch Strong**—This distinguished authority on High Frequency Currents and the first to establish a clinic of Hematology in this country at the Medical University in Boston, with the faculty of which he was associated, has devoted a month's study at Dr. Abrams' laboratory. He has returned to Los Angeles, where he proposes to teach and practice "Electronic Medicine." Many students of the latter are devoting their practice exclusively to this subject.

**Demonstration of the ERA**—At the home of Dr. Elnora C. Folkmar, Washington, D. C., the "Reactions of Abrams" were demonstrated January 20, 1922, by Dr. J. W. King, of Bradford, Pa. The following were invited and the invitation accepted: Major Carr, U. S. Public Health Service; Dr. Johnson, chairman, Section of Public Health, District of Columbia; Brigadier-General Sawyer, Surgeon-General of Ireland; Dr. Patterson, Chief of the Medical Department, Veterans' Bureau, and other prominent physicians.

**Notice to Subscribers of Physico-Clinical Medicine**—We are reorganizing this department. Many subscribers have failed to receive the Journal for the reason that their subscription had expired. Kindly inform us up to what date your subscription has been paid, so that comparison can be made with our records. We can supply a few sets of the back numbers (five volumes to June, 1921; price, \$10.00).

**Southern California Electronic Society**—This organization was formed January 17, 1922, with the following temporary officers: President, Dr. Carl E. Conn; vice-president, Dr. J. R. Leads-worth; secretary, Dr. A. W. Buell. The object of the organization is to further the study of Electronic Medicine.

**Dr. Howard Irvine**—It is with sincere regret that we announce the death of this lovable physician. Prior to his study of Electronic Medicine he was an obscure physician in a Dakotan town. Soon his reputation as a diagnostician and therapist extended beyond his village, and he was persuaded to practice in Austin, Texas, where his practice increased in leaps and bounds. In the apogee of his career, enervated by his strenuous work, he fell a victim to disease. He needs no eulogium. His deeds are entombed in the hearts of his grateful patients. Does the early demise of this good man teach us, *Festina lente*? Decidedly no. It is better to wear out than rust out, although it is equally true that success is not a reward but a job. Life in the concrete is monotonous. We use condiments on our food to make us forget what we are eating, and so with life, we work so that we may forget the irksome penalty of living.

**Dr. Fletcher Sharp**—This former House Surgeon, Royal Hospital for Sick Children, Edinburgh, has completed his studies at Dr. Abrams' laboratory and has departed for London, England, where he is to settle in practice.

**Charts Showing the Areas of the Electronic Reactions**—These charts,\* three in number, are mounted on rollers on a suitable rack. Any one of the charts can be pulled down and the exact site of the areas peculiar to disease can be seen at a distance. It is a valuable adjunct to the atlas.

**Horace B. Coblentz, M. D.**, Washington, D. C.—He is now erecting in his city a large private sanitarium. He writes (November 8, 1921) that he is treating forty-six cases of cancer and pulmonary tuberculosis. He claims that he can shrink tonsils after two treatments with the oscilloclast (application directly to

\* Price, \$25.00.

the tonsils). In uterine cancer his excellent results are also achieved by direct application to the uterus.

**Dr. J. W. King**—Has returned from his vacation and resumed his practice at his Physico-Clinical Laboratory in Bradford, Penn.

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### OSCILLOPHONE

This mechano-diagnostic apparatus of Dr. Abrams, which substitutes the human as a reflex reagent, will not be limited in its distribution as was at first suggested. Such a policy would be an injustice to lessees of the oscilloclast, to whom a correct diagnosis is most essential. The apparatus minimizes the human equation in the elicitation of reflexes, but skill in its use is necessary. No apparatus will be released until the intending lessee receives personal instruction in its use or learns its manipulation from some lessee who has received personal instruction. The instrument will first be distributed among those in possession of the oscilloclast. The primary payment will approximate about \$400.00 (perhaps slightly less or more) and the royalty will be \$80.00 per year, payable semi-annually in advance. Applicants should address Physico-Clinical Co., 2151 Sacramento street, San Francisco, Cal. Dr. Abrams cannot give personal attention to such correspondence nor to any correspondence bearing on his apparatus. Dr. Abrams continues to use the human reflexes in preference to the oscillophone and only uses the latter to confirm his findings with the former when necessary.



**"AN ELECTRONIC STORY"****(Versified in Spondylic Ohmmeter by F. F. Strong, M. D.)**

I brought my husband to the West—  
To the Pacific Slope.  
The doctors who had thumped his chest  
Gave very little hope.

We reached the city on the coast  
And heard of something new:  
"Electrons healed and diagnosed."  
(How wondrous, if 'twere true!)

My husband, only just alive,  
(Ten ohms at "Forty-two")  
Was treated with Gamboge and "Five,"  
Although I still felt blue.

Within a month his lungs were well,  
(No fraction of an ohm).  
Said he, "This little burg is swell!"  
(I couldn't keep him home).

Then I grew ill and stayed in bed,  
('Twas "Sixty"\* brought me down).  
My husband took my Congo Red  
And painted up the town!

Alas! That I should pen these lays  
And still remain alive!  
My husband's blood in thirty days  
Showed "Five" and "Fifty-five"!†

The genial doctor said to me,  
"Give him a chance again;  
We'll treat your man with 'Four' and 'Three'‡  
And you'll be happy then."

So now we're starting life anew—  
A golden "E R A."  
My husband's well, and thus far true.  
We welcome each fresh day.

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\* Strep. (V R).

† Syphilis (V R) and vibratory rate of neisserian infection.

‡ Numbers on oscilloclast for the treatment of neisserian and luetic infection.

**Envoi**

(To be sung to the tune of "Ach, du lieber Augustin!")

Healed Os-cillo-clastically:—

En-thu-si-as-tically

We will dance gym-nas-tically;

Thanks to "A. A."

To Dr. Albert Abrams.

San Francisco, Jan. 22, 1922.

Frederick Finch Strong.

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**LESSEES OF OSCILLOCLAST\***

Sir James Barr, England.

E. A. Majors, M. D., Oakland, Cal. (2 machines).

A. T. Noe, M. D., Pacific Grove, Cal. (2 machines).

J. P. Kanoky, M. D., Kansas City, Mo.

H. Meredith, M. D., Oakland, Cal.

J. Goodwin Thompson, M. D., Oakland, Cal. (9 machines).

V. Sillo, M. D., New York City.

W. F. Becker, M. D., Chicago, Ill. (2 machines).

E. W. Dodge, Chicago, Ill.

J. W. King, M. D., Bradford, Pa. (4 machines).

C. Wheeler, M. D., San Francisco, Cal.

H. Michener, M. D., Wichita, Kan.

G. Boericke, M. D., University Hospital, Ann Arbor, Mich.

M. W. Knapp, M. D., San Jose, Cal.

J. Du Plessis, M. D., Chicago, Ill. (2 machines).

P. S. Replogle, M. D., Champaign, Ill.

C. L. Thudichum, M. D., Los Angeles, Cal. (2 machines).

F. Schuldt, M. D., Mexico City, Mexico.

H. E. Palmer, M. D., Dayton, Ohio (2 machines).

Capt. A. R. Gould, M. D., Washington (2 machines).

B. W. Swayze, M. D., Allentown, Pa.

H. A. Hess, M. D., San Francisco, Cal.

H. G. Nyblett, M. D., Calgary, Canada.

B. Tisdale, M. D., Oakland, Cal.

J. Tow, M. D., San Francisco, Cal.

C. H. Kingsbury, M. D., Danielson, Conn. (2 machines).

L. H. Dietz, M. D., Oakland, Cal.

S. King, M. D., Warren, Pa. (2 machines).

S. F. Meacham, M. D., Oakland, Cal.

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\* Terms on which oscilloclasts are leased are as follows: A primary payment of \$200.00, and \$5.00 monthly. Primary payment is subject to change, owing to varying cost of material and labor. Other physicians who have ordered the oscilloclast for DC and AC (below 50 or 60 cycles) must exercise patience before receiving their machines, inasmuch as the latter must be specially constructed. Primary payment on DC oscilloclasts is \$250.00.

- B. Crombie, M. D., Portchester, N. Y.  
W. J. McRoberts, M. D., Hot Springs, S. Dakota (2 machines).  
R. Rice, M. D., Council Bluffs, Iowa.  
C. S. Evans, M. D., Hutchinson, Kan. (2 machines).  
A. B. Collins, M. D., Linesville, Pa. (2 machines).  
W. P. Myers, M. D., Anaheim, Cal. (2 machines).  
C. E. Johnston, M. D., Los Angeles, Cal. (3 machines).  
V. S. Irvine, M. D., Lankin, N. Dakota.  
I. Howard Planck, M. D., Chicago, Ill. (3 machines).  
M. A. Hansen, M. D., Osage, Iowa (3 machines).  
J. A. Savignac, M. D., Ottawa, Canada.  
M. W. Livingston, M. D., Pittsburg, Pa.  
E. B. Crosby, M. D., Oriska, N. Dakota.  
H. D. Schell, M. D., Hamilton, Ohio.  
A. E. Persons, M. D., Buffalo, N. Y.  
J. R. Leadsworth, M. D., Los Angeles, Cal. (2 machines).  
A. W. Buell, M. D., Long Beach, Cal.  
H. B. Coblenz, M. D., Washington, D. C. (2 machines).  
H. C. Kehoe, M. D., Flemingsburg, Ky.  
F. M. Cooper, M. D., Colorado Springs, Colo.  
W. G. Doern, M. D., Milwaukee, Wis. (8 machines).  
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J. F. Roemer, M. D., Waukegan, Ill.  
E. B. Taylor, M. D., Huron, S. Dakota.  
T. Kendrew, M. D., Indianapolis, Ind.  
G. E. Watts, M. D., Portland, Ore.  
E. C. Folkmar, M. D., Washington, D. C. (3 machines).  
A. W. Boslough, M. D., Wausau, Wis.  
H. D. MacKenzie, M. D., Auckland, New Zealand.  
Sigmar Hilfer, M. D., West New York, N. J. (3 machines).  
J. D. Sullivan, M. D., Kenosha, Wis. (2 machines).  
H. L. McCubbin, M. D., Sacramento, Cal. (2 machines).  
M. S. Hsu, M. D., Woosung, China.  
Henry P. Fahrney, M. D., Frederick, Md.  
H. M. de Danneville, M. D., New Zealand.  
S. Rosenthal, M. D., Aberdeen, S. Dakota (2 machines).  
H. Gunderman, M. D., Monango, N. D.  
Chinese Government.  
F. M. Planck, M. D., Kansas City, Mo.  
T. D. Bristol, M. D., Cleveland, Ohio.  
C. Conn, M. D., Los Angeles, Cal. (2 machines).  
C. F. Ellis, M. D., Eureka Springs, Arkansas.  
D. D. Hamilton, M. D., Raton, New Mexico (2 machines).  
D. E. Murray, M. D., Roanoke, Ind.  
C. E. Cole, M. D., Prairie Du Chien, Wis.

- M. McManus, M. D., Denver, Colo. (3 machines).  
H. S. Huang, M. D., Amoy, China; Houston, Texas (2 machines).  
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J. C. Anthony, M. D., San Francisco, Cal.  
O. M. Hayward, M. D., Chattanooga, Tenn. (2 machines).  
P. G. Smoot, M. D., Maysville, Ky.  
W. A. Hanor, M. D., Corning, N. Y.  
H. R. Goshen, M. D., Bronson, Kan.  
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J. R. Mitchell, M. D., Washburn, Wis.  
H. Becker, M. D., Toronto, Canada (2 machines).  
O. O. Sink, M. D., Smithfield, Ohio.  
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Cora Smith King, M. D., Washington, D. C.  
C. M. Moffatt, M. D., Shenandoah, Iowa.  
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L. S. Brooke, M. D., San Francisco, Cal.  
J. H. East, M. D., Denver, Colo (3 machines).  
C. J. Pflueger, M. D., Kalamazoo, Mich.  
E. F. Pielmeier, M. D., Vincennes, Ind.  
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S. A. Lutgen, M. D., Wayne, Nebraska.  
R. L. Crowthers, D. D. S., Caldwell, Ohio.  
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Z. L. Baldwin, M. D., Kalamazoo, Mich.  
F. Sharp, M. D., Cardston, Alberta, Canada.  
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C. A. Stout, M. D., Cincinnati, Ohio (2 machines).  
F. Paredes, M. D., Celaya, Mexico.  
W. A. Klopfenstein, M. D., Detroit, Mich.  
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M. Thomson, F. R. C. P., Dublin, Ireland, and London, England  
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D. B. Holcomb, M. D., Pasadena, Cal.  
D. S. Kanstoroom, M. D., Washington, D. C.  
J. V. Malloy, M. D., Denver, Colo.  
A. A. Sorensen, M. D., Aberdeen, S. Dakota.  
H. S. Bramble, M. D., Elmer, New Jersey.  
S. F. Hsu, M. D., Woosung, China.

Luther V. Bates, M. D., Reno, Nevada.  
D. I. Cochran, M. D., Hamilton, Ohio.  
M. P. Stephens, M. D., Terre Haute, Ind. (2 machines).  
Wiley T. Sprague, M. D., Athens, Ohio.  
A. S. Main, M. D., Loup City, Nebraska.  
W. H. Seymour, M. D., Charles City, Iowa.  
J. W. Neptune, M. D., Salina, Kansas.  
H. A. Dittmer, M. D., Manchester, Iowa.  
P. A. Wade, M. D., Canyon City, Colo.  
N. T. Johnston, M. D., Upland, Nebraska (2 machines).  
F. H. Osmun, M. D., San Francisco, Cal.  
O. B. Hicks, M. D., Shreveport, La.  
C. H. Lenhart, M. D., Danville, Ill.  
Chas. Rosedale, M. D., Boston, Mass.  
M. W. Moulton, M. D., Bellevue, Iowa.  
W. N. Fowler, M. D., Kalamazoo, Mich.  
M. L. Geiser, M. D., Keokuk, Iowa.  
Ralph A. Manning, M. D., Winchester, Mass. (2 machines).  
S. M. Brown, M. D., Boston, Mass.  
Francis A. Cave, M. D., Boston, Mass. (2 machines).  
Francis T. Davies, M. D., Boston, Mass.  
C. Harrison Downing, M. D., Mattapan, Mass.  
Edwin Alden Leavitt, M. D., Worcester, Mass.  
H. Scholtz, M. D., Oakland, Cal.  
Ethel Lynn, M. D., San Francisco, Cal.  
M. L. Puffer, M. D., Downers Grove, Illinois.  
S. R. Love, M. D., Deland, Florida.  
Dr. J. V. McManis, Kirksville, Mo. (5 machines).  
Beatrice Becker, M. D., Toronto, Canada.  
L. Rupert, M. D., Florence, Colorado.  
Christian Peterson, M. D., Los Angeles, Cal.  
T. E. Sample, M. D., Omaha, Nebraska (3 machines).  
W. W. Fessenden, M. D., Beverly, Mass.  
C. H. Kriz, M. D., Milwaukee, Wisconsin.  
Levi D. Johnston, M. D., Whittier, Cal.  
A. I. Arneson, M. D., Austin, Minnesota.  
W. A. Guild, M. D., Des Moines, Iowa.  
Herbert McConathy, M. D., Miami, Florida.  
S. J. Wright, M. D., Akron, Ohio.  
R. F. Wallace, M. D., Hollywood, Cal.  
W. G. Williams, M. D., Exeter, Nebraska.  
Frederick Finch Strong, M. D., Hollywood, Cal.  
J. W. Overpeck, M. D., Hamilton, Ohio.  
J. F. Heimbach, M. D., Kane, Pa.  
E. Lee Burch, M. D., Watsonville, Cal.  
Joseph Hastings, M. D., San Gabriel, Cal.  
W. H. C. Hatteroth, M. D., Fruitvale, Cal.

G. W. Leech, M. D., Lethbridge, Canada.  
H. Lindlahr, M. D., Chicago, Ill. (2 machines).  
L. R. Chapman, M. D., Los Angeles, Cal.  
D. B. Northrup, M. D., San Diego, Cal.  
P. A. Shephard, M. D., Boston, Mass.  
L. J. Otis, M. D., Norwalk, Cal.  
J. Hastings, M. D., San Gabriel, Cal.

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### **SOME RECENT VISITORS TO DR. ABRAMS' LABORATORY**

**California (Provincial)**—Drs. B. Tisdale, B. F. Sandow, L. Tailor, C. Thudichum, W. Kendrew, C. H. Enstam, M. Ryerson, C. Peterson, J. Enos, J. R. Leadsworth, W. Johnston, G. Butler, Dr. F. Strong, E. L. Burch, R. F. Wallace, L. Dietz, W. Bransford, Levi Johnston, F. C. Farmer, H. J. Hoare, A. T. Noe, W. Hatteroth, L. R. Chapman, H. J. Trachman, M. E. Cox, J. Hastings, G. W. Easterday, L. Daniels, E. Cleverdon.

**Minnesota**—Dr. J. Von Berg.

**South Dakota**—Dr. W. J. McRoberts.

**Colorado**—Drs. H. T. Dodge, R. W. Fraser.

**Massachusetts**—Drs. C. Rosedale, T. A. Cave.

**Missouri**—Drs. J. V. McManis, L. McManis

**Ohio**—Drs. C. Wattenbaugh, Roy Stout, L. H. Jardin.

**Nebraska**—Drs. W. G. Williams, T. E. Sample, J. R. Sample.

**Texas**—Dr. Dunning.

**Nevada**—Dr. S. Tallot.

**Washington**—Dr. M. N. Garhart.

Dr. P. R. Stalmaker, Commander Medical Corps, U. S. N.,  
W. B. Meister, U. S. N., K. M. Scott, U. S. N.

**Canada**—Drs. B. Becker, Geo. W. Leech.

**Mexico**—Dr. F. Paredes.

**India**—Prof. B. Lal.

2151 SACRAMENTO ST.,  
SAN FRANCISCO, CAL., U. S. A.

## PHYSICO-CLINICAL LABORATORY

— OF —

### Dr. Albert Abrams

FOR THE ELECTRONIC TESTS OF ABRAMS

IMMEDIATE AND ACCURATE DIAGNOSIS.

These tests permit of an immediate and accurate diagnosis of SYPHILIS, CANCER, SARCOMA, TUBERCULOSIS, TYPHOID FEVER, MALARIA, PREGNANCY, GONOCOCCIC AND STREPTOCOCCIC INFECTION, COLISEPSIS and other diseases. VIRULENCY GAUGED.

In SYPHILIS (nervous system, cardiovascular apparatus, eyes, lungs), and in TUBERCULOSIS (glands, lungs, bone), the SPECIFIC STRAINS of the organisms in these diseases may be determined, showing implication of definite structures, or the invasion of the latter may be predicted. The VIRULENCY of DISEASE may be GAUGED with MATHEMATICAL ACCURACY. Thus, it can be determined whether SYPHILIS ("which never dies but only sleeps") is active or quiescent, and when treatment should be continued or discontinued. It is also possible to determine whether SYPHILIS is congenital or acquired. Reprint on cure of Syphilis sent on request.

BLOOD ON PAPER, NO SPECIAL INFORMATION NECESSARY.

To execute these diagnoses all that is NECESSARY is to send several DROPS OF BLOOD from the patient, ABSORBED by a CLEAN WHITE BLOTTER or filter paper. Blood examinations now permit of the localization of lesions. Neoplasms, sputa and other tissues are equally available for diagnosis by the same tests. NO INFORMATION concerning the patients from whom the blood is obtained is necessary (other than in tests for pregnancy), thus, unlike the laboratory tests, the electronic tests permit an unprejudiced opinion. No diagnostic method is infallible.\* It is requested that all physicians correlate the Electronic Diagnosis with their clinical findings. Unless specially requested, and without comment, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, CANCER, STREPTOCOCCIC INFECTION, and COLISEPSIS. These tests will be appreciated by your patients. To treat them without a correct diagnosis is only adding insult to injury. A diagnosis in the usual way by skilled diagnosticians shows 50 per cent of errors and in some cases 75 per cent.

A FEW REFERENCES.

Full information concerning these methods may be found in "INTERNATIONAL CLINICS" (Vol. 1, 27th Series), the "REFERENCE HANDBOOK OF THE MEDICAL SCIENCES" (Vol. 8, 3rd Edition), and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" (Abrams). All the tests are controlled by the "Sphygmopathometer," an instrument devised by Dr. Albert Abrams.

ONLY ONE IN FIVE

Laboratory diagnoses are notoriously fallacious. There is only ONE CHANCE IN FIVE that a specimen of blood submitted to ten serologists will result in an agreement. The negative results with the Wassermann are fully 50 per cent, and positive reactions may occur in tuberculosis, acidosis, malaria and other affections. Collins (A. J. M. Sc. 1916) estimates that 15 per cent of paretics and 70 per cent of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid. One of the most serious and almost tragic arraignments suffered by the Wassermann emanates from the recent report of Symmers, Darlington and Bittman. The report is based on nearly 100,000 reactions made by the most competent serologists procurable. Their conclusions are briefly as follows: 1. The reaction executed in the living patient at the Bellevue Hospital gives a negative result in from 31 to 50 per cent of cases in which the characteristic anatomic signs of syphilis are demonstrable at necropsy. 2. The reaction in the living patient is positive in at least 30 per cent of cases in which it is not possible to demonstrate any of the anatomic lesions of syphilis at necropsy. Physicians of prominence no longer rely on the Wassermann test.

Nicolas, a distinguished French clinician, in a recent communication (Jan., 1920) concludes: "The Wassermann is present in the absence of syphilis and absent in the presence of lesions. It is a DANGEROUS

\* Owing to the many examinations now being made, a brief history of symptoms is necessary.

test, because we treat those who are not syphilitic and fail to treat those who are."

The same fate is destined for the reactions of Abderhalden, when one-third of all MEN yield the test of pregnancy.

#### NEARLY 100 PER CENT POSITIVE.

Geo. O. Jarvis, A. B., M. D. (formerly of the University of Pennsylvania), found that the Electronic tests of Abrams were POSITIVE in nearly 100 per cent of syphilitic affections (hereditary or acquired).

#### VECKI.

"I have witnessed marvelous results," observes Vecki, the noted syphilologist in his SEXUAL IMPOTENCE (W. B. Saunders & Co., 1915), "in the diagnosis of syphilis by the ELECTRONIC TESTS OF ABRAMS."

The tests embody the employment of the visceral reflexes of Abrams. FROM ENGLAND.

Sir James Barr, in his presidential address at the eighteenth annual meeting of the British Medical Association (British Medical Journal, July 27, 1912), observes as follows:

"The versatile genius of Dr. Albert Abrams, who has come all the way from San Francisco to do honor to this meeting of the British Medical Association, has taught us how best to cure intrathoracic aneurysm, and he has shed light on the nature of the cardiac and respiratory reflexes. In the treatment of diseases of the heart and lungs, his work does great credit to the new continent and he has given us further insight into methods of prevention."

"I could easily fill several journals with an account of Abrams' valuable work."—Sir James Barr, British Med. Journal, March, 1920.

Sir James Barr, M. D., LL. D., F. R. C. P., F. R. S. E.—(Article, "Dr. Albert Abrams' Method of Percussion," Lancet (London), May 22, 1920): "Dr. Abrams is, perhaps, doing more than anyone else in the present day to resuscitate the lost art of physical diagnosis."

"In cancer Abrams' reactions can be easily verified."—Sir James Barr, Lancet (London), May 22, 1920.

"In my opinion he (Dr. Abrams) has done more to advance the treatment of tuberculosis than all the physicians in America and Europe combined."—Sir James Barr, Medical Press and Circular (London, England), Jan. 12, 1921.

#### DIAGNOSIS AT THE VERY BEGINNING.

"It is many years since the medical profession has shown such interest in any new discovery as they have in Electronic diagnosis, first discovered by Dr. Albert Abrams of San Francisco. To be able to DIAGNOSE AT THE VERY BEGINNING, tuberculosis, carcinoma, syphilis, pus formation, and so on, and not have to rely upon doubtful laboratory methods, is almost beyond comprehension or belief."—George Starr White (American Journal of Clinical Medicine).

In another communication to the same journal, George Starr White observes as follows: "This same human energy can be used to diagnose disease in its early stages better than any other known method. To Dr. Albert Abrams is due the credit for this epoch-making discovery. It is the external counterpart of the Abderhalden reactions."

"We think Dr. Albert Abrams was the first to utilize colored screens in diagnosing disease."—Geo. Starr White, A. J. Clin. Med., Feb., 1915.

(NOTE—The only object in publishing White's excerpts is to discredit the latter, who, in later publications under new captions, claims priority for Abrams' discoveries and instances his observations on the flight of "homing-pigeons," and other fantastic vagaries in justification of his claims.)

#### FEEES:

(Which include all diagnostic information necessary.)

Blood examinations, which include tests for all diseases.....\$10.00\*  
Subsequent blood examinations to gauge the course of the disease 5.00  
Examination of patients .....\$25.00-\$100.00

(With full instructions to the physician for executing Abrams' methods of Electronotherapy. By the latter, most uncomplicated and incipient forms of tuberculosis are amenable to symptomatic cure within a few weeks.)

The "ABRAMS' TREATMENT" of SYPHILIS sent on request.  
Course to physicians on Electronic Diagnosis.....\$200.00  
(Limited to reputable physicians in possession of the M. D. degree.)

\* When disease is localized, an additional charge of \$5.00 is made.



DR. HARLEY E. MACDONALD  
PHYSICIAN AND SURGEON  
OFFICE AND SANITARIUM  
1821 SO. HOPE STREET  
COR. SIXTEENTH AND HOPE ST  
LOS ANGELES, CALIFORNIA

To Whom it may concern:

This is to certify that  
Dr. Albert Abrams has examined <sup>former</sup> ~~by~~  
his new method one hundred ~~thif-~~  
ficant cases, great as was the surprise  
to me in many instances in practically  
all cases his judgment was based  
demonstrated to be correct and in no instance  
was he found to be in error.

A. MacDonald M.D.

When I first began to investigate the subject of Electronic Diagnosis, I found the work most confusing but further investigations at the Physico-Clinical Laboratory of Dr. Abrams, convinced me from therapeutic results observed, of the correctness of his diagnoses. It is impossible to form a very intelligent opinion of these methods from reading about them. One must come to Dr. Abrams' laboratory and watch him at his work and hear his explanations and comments and if he approaches the investigation in an unprejudiced frame of mind the physician will soon discover that he has found something that will be of vast usefulness to him in his medical work. I consider the last five months that I have spent in this investigation as the best spent time of my medical life and would heartily advise any of my confreres to pursue a like course.

Very sincerely,

W. R. Scroggs M.D.

1st. Lieut. Medical Corps  
U. S. Army.

DR. GEORGE O. JARVIS

THE SANITARIUM

ASHLAND, OREGON June 15, 1917.

The electronic reactions of Abrams have been introduced to the profession at a time when the electro-chemical conception of cellular activity is beginning to make its way.

Without a clear idea of this electro-physical concept of physiologic and pathologic activities the electronic reactions of Abrams are difficult to comprehend, even though comparatively simple.

These reactions are based on the facts (1) that electro-chemistry in normal tissues differs from that in abnormal tissues; (2) that energy from the tissues can be conducted along any insulated conductor; and (3) that the ganglion cells of the spinal cord, the peripheral ganglia, or the parenchymatous cells themselves of the various organs will all respond to energy conducted from an anlage of special physiologic activity (such as the beating heart) or from an anlage of pathologic activity (such as a cancer node or a focus of infection).

These reactions show themselves in the organs by change of density, of shape, and of percussion note. Alterations in the blood pressure may also be demonstrated in a test subject if the energy is conducted in an appropriate manner.

It is recognized that the Wasserman reaction is not an entirely satisfactory guide in the diagnosis of syphilis and that it is especially unreliable in the diagnosis of recent and of inherited lues. The writer has made positive diagnosis of syphilis in a number of patients in whom the Wasserman tests have been executed by one or more competent serologists and returned as negative.

In some of the "recent" cases the presence of mucous patches, demonstration of the Spirochaetae pallidae, and the therapeutic results permit of no doubt as to the diagnosis. In cases of long standing and in inherited infection demonstration of the Spirochaetae was not made; but the case histories, the family histories, and the immediately beneficial results of treatment left no reasonable doubt as to the accuracy of the diagnosis as made by the electronic reactions of Abrams.

Some of these cases had been repeatedly examined by competent serologists at the largest clinics in the country and had there been treated for various non-existent diseases; this because an accurate diagnosis could not be made.

In eighteen cases in which both Wasserman and electronic tests were made there was only one in the electronic

DR. GEORGE O. JARVIS  
THE SANITARIUM  
ASHLAND, OREGON

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reaction which yielded a doubtful result and this case had been examined by various physicians from New York to San Francisco and had been treated for possible luetic infection, including a sojourn at the Kansas Hot Springs. A course of neosalvarsan with intensive mercurial treatment failed in my hands to produce marked improvement though there was an amelioration of certain symptoms. This case was a failure in diagnosis both on the part of the writer and upon the part of a number of eminent syphilographers.

In cancer the matter of diagnosis is so important that authorities agree that a cancer subjected to early and radical removal offers a fair prospect of freedom from recurrence. In external cancers it is naturally possible to make a diagnosis earlier than if the growth be located internally. In gastric cancers the diagnosis must await the appearance of "a cancer rest";—but this implies a fairly advanced carcinoma.

By the electronic reactions of Abrams Dr. A. W. Boslough, of Ashland, Oregon, and the writer have been able to diagnose eleven gastric and other internal cancers at a time when there was only the smallest macroscopic sign of a cancer in the removed specimen. When the specimens were submitted to one or more competent pathologists, who had no knowledge of the case beyond the region from which the tissue was removed, they returned a diagnosis of malignancy with one exception. In this case one pathologist pronounced it malignant and another benign; but the recurrence of symptoms after operation and the subsequent death of the patient left no reasonable doubt but that the growth was malignant.

Specimens in which a suspicion of malignancy might exist, both from the history and from the macroscopic appearance, but which the reaction of Abrams showed to be benign, invariably proved on pathologic examination to be non-malignant. The subsequent history of those pronounced benign have shown, so far as the lapse of time permits, that the diagnosis of a benign process was justified. *final judgment* The clinical course of those in which the diagnosis of malignancy was made has shown, unless complete extirpation was possible, the best foundation for a diagnosis of malignancy.

In a few of the cases diagnosed as cancer by the electronic method the macroscopic evidences of malignancy were so slight that the writer was strongly inclined to doubt the diagnosis until an examination of the specimen by two independent pathologists in different cities had proven beyond cavil the presence of cancer.

DR. GEORGE O. JARVIS  
THE SANITARIUM  
ASHLAND, OREGON

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With regard to bacterial infections;—the tests made by the writer have been largely upon teeth, the roots of which were infected and in which radiographs were made to show the possible existence of peri-radical tissue changes possible to demonstrate by the x-ray. Of these there were thirty-two cases in which x-ray plates were made, the electronic test performed, and extraction with examination of the extracted teeth done.

Extractions of the suspected teeth proved the accuracy of the diagnosis of streptococcic infection. It cannot be said that no cases went undiagnosed because teeth which yielded no reaction were not extracted. The subsequent clinical history of the cases of suspected focal infection strongly substantiated the findings of the electronic method.

With regard to sarcoma, the writer has had but two cases since learning the method of Abrams and is therefore unable to say more than that the reaction was positive and correct in these two instances.

Of the accuracy and delicacy of this method of Dr. Abrams there can be no question. Its simplicity leads some to overlook the necessity for care and accuracy joined to considerable study and experience. In the hands of those who lack accurate and delicate percussion, who are unable to distinguish variations in density of tissues (resistance) and percussion sounds, or are unwilling to give time and labor to the investigation of the methods and perfection of the technique the results will be unreliable; as would be the case with any other diagnostic procedure.

Respectfully,

*Geo. O. Jarvis.*

AMON TEACHER ROG, M.D.,  
Pacific Grove, Cal.

July - 27-17  
Dear Doctor Allison  
your letter explaining blood test no. 3 received.  
your diagnosis is correct. I thought I might  
stump you on this one - but failed.  
I am sending you blood specimen of case no. 1.  
to day - I trust you will be able to find some  
improvement in this test case - this time.  
I can hardly wait the time I can leave for the  
city and spend the time with you.  
Thanking you for past favors I am sincerely yours  
A. M. R.

## Diseases Diagnosed by an Examination of Dried Blood

Acidosis	Acute Mania	Paresis
Adrenal Sufficiency	Dipsomania	Pollomyelitis
Amebiasis	Chronic Dementia	Rheumatoid Arthritis
Colicsepsis	Leprosy	(Variety)
Carcinoma	Malaria	Sarcoma
Cholelithiasis	Measles	Scarlatina
Chorea	Menstruation	Staphylococcic Infec-
Diabetes	Meningococcic Infec-	tion
Diphtheria	tion	Streptococcic Infec-
Epilepsy	Neurasthenia	tion
Genococcic Infection	Paralysis Agitans	Syphilis (differentia-
Gout	Parathyroid Insuffi-	tion of congenital
Hookworm	ciency	and acquired, and
Hyperpituitarism	Paratyphus	specific strain)
Hyperthyroidism	Pneumococcic Infec-	Teniasis
Influenza	tion	Tetanus
Insanity	Psychasthenia	Typhoid
Paranoia	Pregnancy (prediction	Tuberculosis
Dementia Precox	of sex)	(Varieties)

The virulency of all diseases is mathematically measured and serves as a valuable guide in noting their progression or retrogression and the efficacy of treatment—notably, syphilis.

A personal examination of the patient is necessary in estimating the functional activity of the ductless glands and viscera.

IMMUNODIAGNOSIS is also capable of demonstration in some of the foregoing diseases. It can be shown from the blood whether the subject possesses natural or acquired immunity to typhoid fever; whether typhoid inoculations are necessary, or, if given, whether they will prove effective, thus dissipating any false security against infection. Some people show a natural immunity to cancer, and this is demonstrable by a blood examination.

### WARNING

Many physicians have forwarded specimens of blood to the Physico-Clinical Laboratory for diagnosis. Many of them forget that all things in nature show radioactivity, and that color interferes with the splanchnic reactions. Specimens have been received on colored and printed paper. These errors must be avoided, and only white filtering paper or a blotter (white) should be used for the blood. While a brief statement accompanying the specimen will be of material aid in diagnosis, the statement is not absolutely necessary. Unless specially requested and without comment from the physician, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, COLICSEPSIS and STREPTOCOCCIC INFECTION.

When two blood specimens are sent, forward them in separate envelopes to avoid conferred radioactivity.

The quantity of blood forwarded should be sufficient to cover an area represented by a 50-cent piece.

No diagnostic method is infallible. It is requested that all physicians correlate the electronic diagnosis with their clinical findings.

#### ELECTRONIC REACTIONS OF ABRAMS (E R A)

(A few brief and curtailed references from journals and signed letters)

NOE, A. T., M. D.—"I feel that Dr. Abrams has brought to the medical profession the most scientific method of diagnosis that we have ever known." N. A. J. H.

ANTHONY, J. C., M. D.—"Made wonderful diagnosis for me which would have been impossible by other means."

HESS, H. A., M. D.—"Dr. Abrams has made fifty examinations of the blood for me and all correct as far as I can judge."

MEACHAM, S. F., M. D.—"E R A are greatest contribution to medicine."

POPE, CURAN, M. D. (author of classic on Hydrotherapy).—"Not a day passes that I do not use your methods."

BOOLSEN, S. M. D.—"I regard the E R A as a great help and have frequently contributed the fee myself, because results talk and success follows a correct diagnosis."

JAWORSKI, H., M. D., Paris, France (author and medical authority; translator of E R A into French).—"I have carefully studied your methods and regard the discovery and its immensity with admiration."

KING, J. W., M. D., Pa.—"Physicians should at once form a caravan and go out and worship at 'Abrams' shrine.' Am getting wonderful results therapeutically from diagnosis made for me by you."

PEREDES, F., M. D., Mexico.—"I shall popularize your marvelous methods of diagnosis in Mexico." (Dr. P. studied the E R A at Dr. A.'s laboratory.) Dr. F. Vasques Gomez, for many years private physician to Diaz, former President of Mexico; Prof. Surgical Pathology, University of Mexico; President, National Academy of Medicine, and Minister Public Instruction, has also studied the E R A at Abrams' laboratory.

POWELL, C. S., M. D.—"The E R A are very helpful in my work, especially in cong. syphilis brought to light and helped by treatment. Wassermann eclipsed by E R A."

MAJORS, ERGO A., M. D.—"E R A have conformed remarkably with my office findings and I am grateful to Dr. Abrams for his wonderful work." (Dr. M. has forwarded 173 blood specimens. At least 100 specimens were sent without comment of any kind.)

NYBLETT, H. G., M. D.—"My experience with Dr. Abrams has convinced me that no man has done as much for scientific medicine as he has."

J. MADISON TAYLOR, M. D. (Article, "An Appreciation of the Teachings of Dr. Abrams," Monthly Cyclopedic and Medical Bulletin, July, 1913).—"Dr. Abrams has focused our attention on one, in my opinion, likely to yield increasingly valuable returns—that of the scope and significance of the spinal reflexes. The light which Dr. Abrams' researches afford is the largest source of illumination, and I, for one, welcome it with thankfulness."



**Practical Courses in Spondylotherapy  
and  
Electronic Diagnosis and Treatment**

Dr. Albert Abrams will give courses on these subjects in San Francisco, beginning on the first of each month until further notice. Only reputable physicians can gain admission to the classes, which are limited. The course lasts four weeks, and the fee, in advance, is \$200.00. Applicants may address Dr. Abrams, 2151 Sacramento St., San Francisco.

**Dr. Abrams' Electrodes  
for  
Electronic Diagnosis**

These consist of three electrodes of aluminum with conducting cord of copper wire (flexible). Price \$6.00, express prepaid.

**Ohmmeter  
(Biodynamometer)**

Described on page 44, New Concepts in Diagnosis and Treatment (Abrams), and in September issue of the Journal. Price, \$36.00 with electrodes, express collect.

**Dr. Abrams' Reflex Set**

This consists of a plexor, pleximeter, single and two-pronged instrument. Price \$6.00, express prepaid.

**Dr. Abrams' Electro-Concussor**

Described on page 652 in Spondylotherapy. In writing, state current available. Price \$120.00 f. o. b. No apparatus sold on credit. Terms cash. Price of other apparatus on application. Physico-Clinical Co., 2151 Sacramento Street, San Francisco, Cal.

